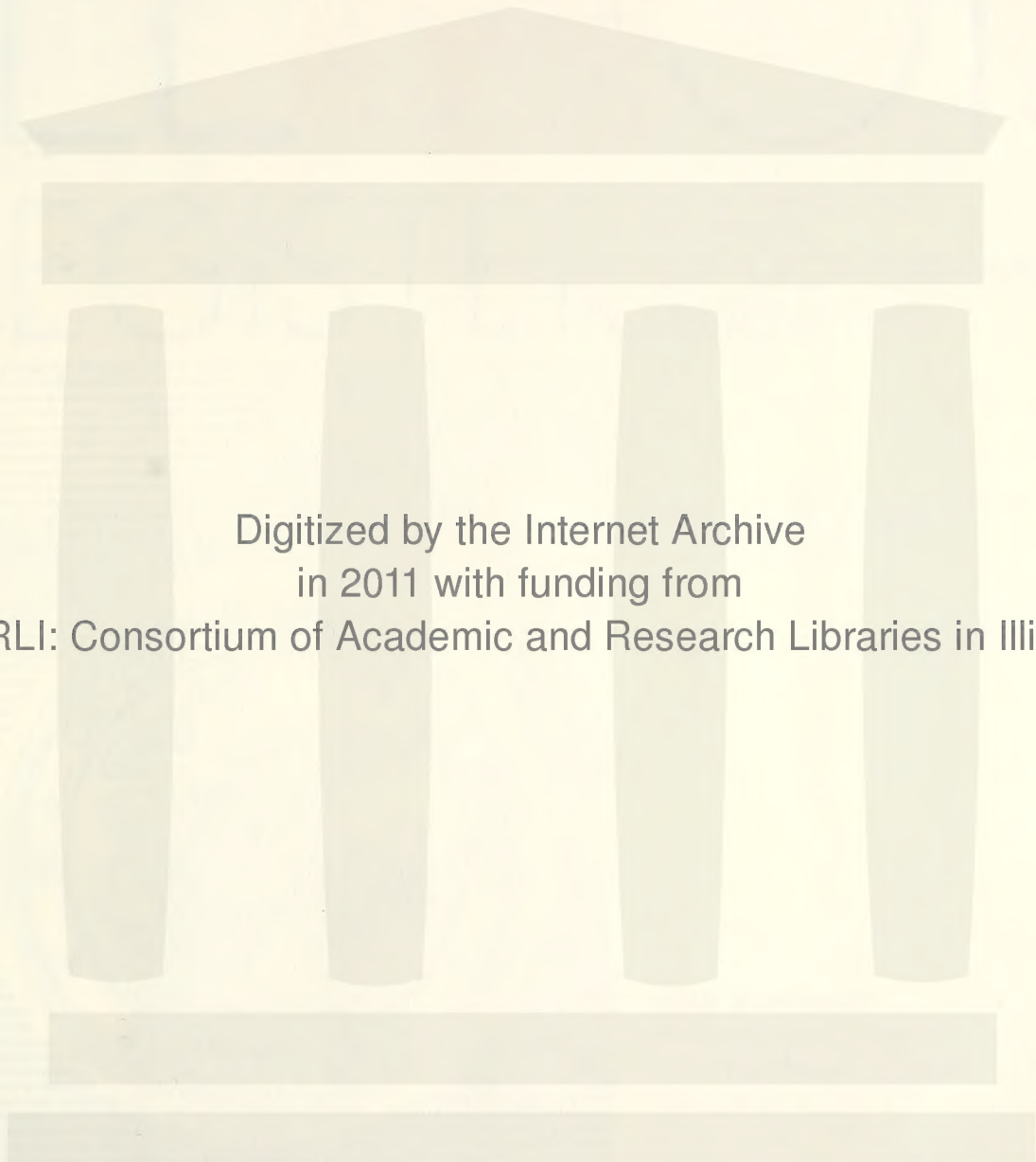

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RULES OF GOVERNMENTAL AGENCIES

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Administrative Code Div.
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(217) 782-7017
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Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

April	14, 2000 - Issue 16: Through	March	31, 2000
July	14, 2000 - Issue 29: Through	June	30, 2000
October	13, 2000 - Issue 42: Through	September	30, 2000
January	19, 2001 - Issue 3: Through	December	31, 2001 (Annual)

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DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Joint Rules of the Comptroller and the Department of Central Management Services: Prompt Payment

2) Code Citation: 74 Ill. Adm. Code 900

3) Section Numbers: 900.70 — Proposed Action: Amend

4) Statutory Authority: 30 ILCS 540

5) A Complete Description of the Subjects and Issues Involved: The proposed amendment to Section 900.70(c) reflects the most recent language and dollar threshold for execution of contracts.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments within 45 days of the date of publication to:

Stephen W. Seiple
720 Stratton Office Building
Springfield IL 62706
217/782-9669

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will impact those who are owed money by the State.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 2000

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

The full text of the Proposed Amendments begins on the next page.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 74: PUBLIC FINANCE
CHAPTER VIII: CENTRAL MANAGEMENT SERVICES

PART 900
JOINT RULES OF THE COMPTROLLER AND THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES:
PROMPT PAYMENT

Section

AUTHORITY: Implementing the State Prompt Payment Act to require prompt payments by the State of Illinois for goods or services [30 ILCS 540].

SOURCE: Emergency rules adopted at 17 Ill. Reg. 11168, effective July 1, 1993, for a maximum of 150 days; emergency expired November 28, 1993; adopted at 18 Ill. Reg. 11498, effective July 11, 1994; amended at 24 Ill. Reg. _____, effective _____.

Section 900.70 Approval by the State

a) An agency shall review each Vendor's bill and shall either deny the bill in whole or in part, ask for more information necessary to review the bill, or approve the bill in whole or in part, within 30 days after physical receipt of the bill.
b) If the Date of Approval of the Vendor's bill is after this 30 day period or the bill is denied after the 30 day period and subsequently approved, late payment interest shall be due if the Date of Payment is not within 90 days (30 days for approval and 60 day for payment) after receipt of the bill.
c) If the agency and the Vendor have not formally executed a contract and State law requires a written contract, any bills submitted before the formal execution shall be deemed to be received when the contract is executed. State law allows payments to be made only after the formal

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

contract is executed for Supplies or Services over $10,000 or Professional and Artistic Services over $5,000 ~~Goods and Services over $5,000~~.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Unusual Incidents Involving Department Clients, Employees and Facilities

2) Code Citation: 89 Ill. Adm. Code 331

3)

Section Numbers:	Proposed Action:
331.1	Repeal
331.2	Repeal
331.3	Repeal
331.4	Repeal
331.5	Repeal
331.6	Repeal
331.7	Repeal
331.10	New
331.20	New
331.30	New
331.40	New
331.50	New
331.60	New
331.70	New
331.80	New
331.90	New

4) Statutory Authority: The Abused and Neglected Child Reporting Act [325 ILCS 5]; Section 33.1 of the Criminal Code of 1961, as amended [720 ILCS 5]; The Children and Family Services Act [20 ILCS 505]; and the Child Care Act of 1969 [325 ILCS 10]

5) Complete Description of the Subjects and Issues Involved: The Department is revising this Part to better define unusual occurrences affecting children for whom the Department is legally responsible and those involved in the delivery of services provided by the Department. This Part details reporting requirements regarding unusual incidents, misconduct by Department employees or criminal behavior involving licensed foster parents. The Part is also being retitled to "Unusual Incidents" to reflect the broadened scope.

6) Will these proposed rules replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed rules contain incorporations by reference? No

9) Are there any proposed amendments to this Part pending? No

10) Statement of Statewide Policy Objectives: These rules do not create or expand a state mandate as defined in Section 3(b) of the State Mandates

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Act [30 ILCS 805/3].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jeff Osowski
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, Illinois 62701-1498
(217) 524-1983
TTY: (217) 524-3715
FAX: (217) 557-0692
E-mail: cfpolicy@idcfs.state.il.us

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: Child welfare agencies, child care institutions, group homes, emergency youth shelters, secure care facilities.

B) Reporting, bookkeeping or other procedures required for compliance: It is necessary that small businesses identified above complete incident reports on forms supplied by the Department.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1999

The full text of the Proposed Amendments appears on next page.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER b: PROGRAM AND TECHNICAL SUPPORT

PART 331
UNUSUAL INCIDENTS ~~INVOLVING DEPARTMENT CLIENTS, EMPLOYEES AND FACILITIES~~

Section
331.1 Purpose (Repealed)
331.2 Definitions (Repealed)
331.3 Reporting Unusual Incidents (Repealed)
331.4 Notifying Relatives of Unusual Incidents (Repealed)
331.5 Unusual Incidents in Department Facilities (Repealed)
331.6 Criminal Behavior of Foster Parents (Repealed)
331.7 Unusual Incidents Involving Department Employees (Repealed)
331.10 Purpose
331.20 Definitions
331.30 Reporting Requirements
331.40 Unusual Incidents Involving Children and Youth
331.50 Unusual Incidents Involving Employees or Facilities
331.60 Criminal Behavior of Foster Parents or Relative Caregivers
331.70 Dispositions and Reviews
331.80 Records Retention
331.90 Violation of this Part

AUTHORITY: Implementing the Abused and Neglected Child Reporting Act [325 ILCS 5] and Section 33.1 of the Criminal Code of 1961 and implementing and authorized by the Department of Children and Family Services Act [20 ILCS 505] and the Child Care Act of 1969 [225 ILCS 10].

SOURCE: Adopted and codified at 5 Ill. Reg. 6760, effective June 26, 1981; amended at 24 Ill. Reg. _____, effective _____.

Section 331.1 Purpose (Repealed)

~~The--purpose--of--these--rules--is--to--identify--events--which--are--considered--unusual incidents--and--to--provide--instructions--on--how--to--report--these--incidents--to appropriate--Department--staff.~~

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.2 Definitions (Repealed)

~~"Custodian"--means--caretakers--designated--by--the--Department--of--Children and--Family--Services--to--be--responsible--for--the--day-to-day-care--of children--for--whom--the--Department--is--legally--responsible.---This includes--foster--parents,--administrators--of--group--homes,--institutions, and--child--welfare--agencies,--and--relative--caretakers.~~

~~"Department--staff"--means--those--individuals--who--are--employees--of--the Illinois--Department--of--Children--and--Family--Services.~~

~~"Unusual--incident"--means--an--occurrence--which--is--out--of--the--ordinary and--non-routine--with--regard--to--Department--affairs,--such--as--fire, robbery--or--burglary,--riots,--extreme--weather--occurrences--resulting--in damage--to--the--facility--or--injury--or--death--to--persons--on--the--premises, the--death--of--any--child,--whether--a--Department--ward--or--not,--which--is reported--to--the--Department's--State--Central--Register,--serious--injury--or illness--which--requires--hospitalization--of--a--child--for--whom--the Department---is---legally---responsible,---death---under----suspicious circumstances,--homicide--or--suicide--involving--a--child--for--whom--the Department--is--legally--responsible,--alleged----or--verified--act--of wrongdoing--or--corruption--by--a--Department--employee,--action--in--which Department--staff--press--criminal--charges--against--Department--clients, and--any--incident--which--could--have--media--impact.~~

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.3 Reporting Unusual Incidents (Repealed)

~~a) Custodians--shall--immediately--report--to--the--child's--Department--worker those--unusual--incidents--affecting--any--child--in--Department--care.~~
~~Department--staff--shall--immediately--report--all--unusual--incidents--to--the appropriate--administrator--of--the--Department--region--in--which--the unusual--incident--occurred--and--to--the--administrator--in--charge--of--the operations--of--the--Department--or--his--designee.~~
~~b) Alleged--child--abuse--or--neglect--reported--as--an--unusual--incident--shall also--be--reported--in--accord--with--Part--302,--Services--Delivered--by--the Department.~~

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.4 Notifying Relatives of Unusual Incidents (Repealed)

~~As--quickly--as--possible,--the--Department--shall--notify--the--parent(s),--guardian--or legal--custodian--of--the--death,--serious--injury,--serious--illness,--unauthorized absence--of--more--than--24--hours,--or--return--from--unauthorized--absence--of--his child.--If--the--parent(s),--guardian--or--legal--custodian--is--unavailable,--the Department--shall--notify--the--nearest--relative--or--other--family--member--of--the unusual--incident.~~

(Source: Repealed at 24 Ill. Reg. _____, effective

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_____)

Section 331.5 Unusual Incidents in Department Facilities (Repealed)

~~a) The superintendent of a Department operated facility shall ensure that alleged rape victims and other persons who are injured as a result of criminal conduct are examined by a physician as soon as possible. All evidence shall be preserved for future court proceedings or administrative hearings.~~

~~b) In addition to the unusual incident report, all deaths occurring in Department operated facilities shall be reported to the coroner or medical examiner of the county in which the facility is located.~~

~~c) Any other unusual incidents in Department facilities shall be reported immediately to the administrator in charge of the operations of the Department or his designee. In addition, any allegations of child abuse or neglect in Department facilities shall be immediately reported to the Department's State Central Register, in accordance with Part 302, Services Delivered by the Department.~~

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.6 Criminal Behavior of Foster Parents (Repealed)

~~The Department shall report any criminal behavior on the part of Department licensed foster parents which involves or affects foster children to the appropriate law enforcement agency and to the administrator in charge of the operations of the Department or his designee.~~

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.7 Unusual Incidents Involving Department Employees (Repealed)

~~a) All unusual incidents for which Department employees are allegedly responsible, including but not limited to resident abuse or neglect at Department operated facilities, violations of the Illinois Criminal Code, theft or destruction of state property and using a weapon or bringing a weapon onto state owned or leased property shall be reported immediately to the Department's administrator in charge of investigations, as well as reported to other appropriate authorities in accordance with law and these rules.~~

~~b) Bribery of a state employee is a criminal offense. Any Department employee who has reasonable grounds to believe that an attempt to bribe him has or will be made shall report such incidents immediately to his supervisor and to the Department's administrator in charge of investigations, as well as reported to other appropriate authorities in accordance with law and these rules.~~

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 331.10 Purpose

The purpose of this Part is to identify events or occurrences that are considered unusual incidents and to require reporting them to the Department when they involve persons provided services by the Department (whether directly or by a grant, contract or purchase of services agreement), Department employees or facilities or entities licensed or regulated by the Department. The Department shall maintain a system of tracking and monitoring such unusual incidents.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.20 Definitions

"Caregiver" means persons designated by the Department of Children and Family Services to be responsible for the day-to-day care of children and youth for whom the Department is legally responsible. This includes foster parents, relative caregivers, and administrators of group homes, child care institutions, and child welfare agencies.

"Child care facility", as used in this Part, means any child care institution, maternity center, child welfare agency, day care center, day care agency, group home, foster family home, day care home, group day care home, youth emergency shelter or secure child care facility as defined by the Child Care Act of 1969 [225 ILCS 10].

"Child or youth for whom the Department is legally responsible" or "ward" means children for whom the Department has temporary protective custody, custody or guardianship via court order, or children whose parents have signed an adoptive surrender or voluntary placement agreement with the Department.

"Confinement" means isolating a child or youth alone in a specifically designated room to assist the child in regaining self-control in accordance with 89 Ill. Adm. Code 384 (Discipline and Behavior Management in Child Care Facilities).

"Disposition", for purposes of an Unusual Incident Report, means that activities or services have been undertaken such that the risk to a child or other person's health, safety or welfare has been mitigated or resolved to the point that usual and customary services can be provided, if appropriate. "Disposition" of an unusual incident does not mean a case is closed. Rather, "disposition" means that the extraordinary circumstances reported have been addressed appropriately

by responsible staff of the Department or POS (purchase of service) providers and the actions taken have been recorded in a manner prescribed by the Department.

"Employee", as used in this Part, means any staff person employed by the Department or a child care facility, and includes any substitute, assistant, volunteer or work-study student used to replace or supplement staff in the direct care or supervision of children. This definition includes administrative, professional and other support staff who have contact with children as part of their duties in the present or prospective employment. The term also includes persons who receive remuneration directly from the Department pursuant to a contract for personal services.

"Mechanical restraint", as used in this Part, means any device, other than personal physical force, used to directly restrict the limbs, head or body of a person. The term does not include any medically prescribed procedure for the treatment of an existing physical disorder or the amelioration of a physical handicap; nor does the term include a device used for the partial or total immobilization of a person for the purpose of performing a medical/surgical procedure under the supervision of a licensed physician or registered nurse.

"Missing" means that a child or youth is absent from the residence of a caregiver or the premises of a child care facility without the knowledge or consent of the persons responsible for the child's welfare, the whereabouts of the child or youth are unknown, and intent to run away has not been established.

"Runaway" means that a child or youth has been absent from the residence of a caregiver or the premises of a child care facility without the consent of the persons responsible for the child's or youth's welfare for a period of 24 hours, and the whereabouts of the child or youth are unknown and intent to run away has been established. If the child or youth has left a note or other indication of intent to run away, he or she shall be considered a "runaway" immediately.

"Unusual incident", as used in this Part, means an occurrence or event beyond the customary operations, routines or relationships in the Department, a child care facility or other entity that is licensed or regulated by the Department of Children and Family Services or that provides services for the Department pursuant to a grant, contract or purchase of service agreement. Unusual incidents may involve children and youth, employees, foster parents or relative caregivers. Unusual incidents may also involve damage to property, allegations of criminal activity, misconduct, or other occurrences affecting the operations of the Department or a child care facility. Any incident that could have

media impact may be an unusual incident. Unusual incidents are further enumerated in Sections 331.30, 331.40 and 331.50 of this Part.

"Ward" - See "Child or youth for whom the Department is legally responsible".

"Weapon", as used in this Part, means any instrument that is capable of producing death or serious bodily injury when used for its intrinsic purpose or that has the potential to cause serious bodily injury or endanger a life because of the way it is used, the way it is attempted to be used, or the force with which it is used. The term "weapon" includes, but is not limited to, firearms, knives, clubs and explosive devices.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.30 Reporting Requirements

Department employees, staff of purchase of service providers and contractors shall report unusual incidents as defined in this Part to the Department in the manner and on forms prescribed by the Department. Such reporting shall be in addition to any reporting required to comply with the Abused and Neglected Child Reporting Act [325 ILCS 5] or to comply with applicable licensing standards.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.40 Unusual Incidents Involving Children and Youth

a) Caregivers shall immediately report to the Department those unusual incidents that involve any child or youth for whom the Department is legally responsible on a form and in a manner prescribed by the Department. Assigned caseworkers shall instruct foster parents and relative caregivers to report unusual incidents to the caseworker, who shall be responsible for reporting the incident to the Department. Further, Department employees shall immediately report all unusual incidents to the appropriate administrator of the Department region in which the unusual incident occurred and to the administrator in charge of the operations of the Department or his or her designee.

b) Events or occurrences that shall be reported to the Department as unusual incidents when they involve a child or youth for whom the Department is legally responsible include, but are not limited to:
   1) Physical abuse;
   2) Neglect;
   3) Emotional/verbal abuse;
   4) Sexual abuse;

5) Death of ward;
6) Self-inflicted injury/wound;
7) Accidental injury/wound;
8) Injury during restraint;
9) Ward refuses medication;
10) Medical emergency;
11) Medication reaction;
12) Medication dispensing error;
13) Psychiatric emergency;
14) Medical hospitalization;
15) Psychiatric hospitalization;
16) Ward suspended/expelled from school
17) Ward suspected, arrested, or convicted of crime;
18) Ward put in restraint/confinement;
19) Ward restrained/confined 5 or more times in 30 day period;
20) Ward on runaway or missing;
21) Ward in possession of a weapon;
22) Ward alcohol or drug abuse;
23) Ward victim of assault;
24) Sexual assault of a ward;
25) Sexual penetration by ward;
26) Sexual misconduct by a ward;
27) Identification of pregnant ward;
28) Identification of parenting ward;
29) Kidnapping or abduction of ward;
30) Suicide attempt by ward;
31) Suicide ideation/threat by ward;
32) Sexually aggressive/problematic behavior by ward;
33) Property damage.

c) The death of a child or youth for whom the Department had previous legal responsibility shall be reported as an unusual incident when the death is made known to the staff of the Department or a purchase of service provider, and the death occurs within one year after discharge from guardianship or custody of the Department.

d) Any child whose death is reported to the State Central Register as a result of alleged child abuse or neglect shall be treated as an unusual incident in accordance with this Part.

e) Alleged child abuse or neglect reported as an unusual incident shall also be reported immediately to the State Central Register, in accordance with 89 Ill. Adm. Code 300 (Reports of Child Abuse and Neglect). Action taken shall be in accordance with those rules.

f) Unusual incidents involving children or youth for whom the Department is legally responsible shall be reported immediately to the Department by telephone, telefax or other electronic means. Verbal reports shall be confirmed in written form within two working days after the occurrence.

g) Any usual incident that involves the death, assault, sexual assault, abduction or kidnapping of a child or youth for whom the Department is legally responsible shall be reported immediately to appropriate law enforcement authorities. Further, that a child or youth is missing or has run away shall be reported to law enforcement authorities as soon as the caregiver has reason to believe that the child or youth has run away.

h) In addition to filing an unusual incident report, any incident that involves death, assault, sexual assault, abduction or kidnapping of a child or youth that occurs on the premises of a Department facility shall be reported immediately, by phone, to the administrator in charge of the operations of the Department or his or her designee and to the Department's Inspector General. Any other unusual incidents in Department facilities shall be reported to the administrator in charge of the operations of the Department or his or her designee in the manner prescribed by this Part.

i) Immediately upon receipt of a report indicating that a child or youth for whom the Department is legally responsible has been the subject of abuse or neglect, is deceased, is the subject of an abduction or kidnapping, or has been on an unauthorized absence of more than 24 hours, the Department shall notify the parents, guardian or legal custodian. If the parents, guardian or legal custodian is unavailable, the Department shall notify the nearest relative or other family member of the unusual incident.

j) When an incident described in this Section involves a child or youth in the care of a child care facility other than the Department, the responsible child care facility shall notify the parents, guardian or legal custodian, if other than the Department. If the parents, guardian or legal custodian is unavailable, the child care facility shall notify the nearest relative or other family member of the unusual incident. Information regarding that notification shall be included in the facility's report to the Department regarding the incident.

AGENCY NOTE: Terms used in this Section to describe unusual incidents have the meaning ascribed to them by the Criminal Code of 1961 [720 ILCS 5] or 89 Ill. Adm. Code 300 (Reports of Child Abuse or Neglect), as applicable.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.50 Unusual Incidents Involving Employees or Facilities

a) Incidents or occurrences that shall be reported to the Department as unusual incidents when they involve the employees or facilities of the Department or a child care facility include, but are not limited to:
1) Employee suspected, arrested or convicted of a crime;
2) Threats made against staff or facility;
3) Misrepresentation of services or costs of services provided;
4) Falsification of credentials or records;

5) Employee, other than law enforcement officer, has firearm on premises;
6) Robbery or burglary occurred on premises;
7) Hazardous/physical condition identified at facility;
8) Serious incident resulting in legal action against facility;
9) Fire or natural disaster damaged facility.

b) Unusual incidents described in subsection (a) shall be reported immediately to the Department as soon as the reporter has reason to believe that an unusual incident has occurred.

c) All unusual incidents for which Department employees are allegedly responsible, including but not limited to violations of the Illinois Criminal Code of 1961 [720 ILCS 5], theft or destruction of State property, and using a weapon or bringing a weapon onto State owned or leased property, shall be reported immediately to the Department's Inspector General, as well as to other appropriate authorities in accordance with statute and this Part.

d) Bribery of a State employee is a criminal offense. Any Department employee who has reasonable grounds to believe that an attempt to bribe him or her has or will be made shall report such incidents immediately to his or her immediate supervisor and to the Department's Inspector General, as well as report to other appropriate authorities in accordance with statue and this Part.

e) Any incident that could have media impact that is other than part of planned public education or similar effort shall be reported as an unusual incident.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.60 Criminal Behavior of Foster Parents or Relative Caregivers

In accordance with Section 34.1 of the Children and Family Services Act [20 ILCS 505/34.1], the Department shall report any suspected criminal behavior on the part of relative caregivers or foster parents licensed by the Department to the appropriate law enforcement agency and to the administrator in charge of the operations of the Department or his or her designee.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.70 Dispositions and Reviews

The assigned child welfare worker, in collaboration with his or her supervisor, shall ensure that each report of an unusual incident reported pursuant to this Part is reviewed and disposed of in a manner consistent with this Part and applicable Department policies and procedures. The Department shall periodically review reports and their dispositions to determine whether there is a need to modify policies, programs, or operating procedures, provide

training to meet specific needs or improve the quality of services provided.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.80 Records Retention

a) Any report of an unusual incident received by the Department pursuant to this Part shall be retained for at least five years from the date of receipt of the report. Records may be retained as hard copy documents, microfilm, magnetic tapes, computer files or other methods that permit retrieval and reproduction.

b) If any litigation, claim, financial management review, licensing review or audit is begun before the expiration of the five-year period, the records shall be retained until at least three years after all litigation, claims or audit findings involving the report have been resolved and final action taken.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 331.90 Violation of this Part

Child care facilities and Department staff are required to report occurrences described in this Part and take steps to remedy the situation, when appropriate.

a) Failure of a child care facility or purchase of service provider to report an unusual incident as required by this Part or interference with the reporting of such incident may result in adverse action regarding a child care license, including revocation or termination of a purchase of service agreement or contract.

b) Failure of Department employees to report incidents as required by this Part or interference with the reporting of such incidents, may result in disciplinary action up to and including dismissal.

(Source: Added at 24 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

1) Heading of the Part: Requirements for Non-Business Entities with Private Business Switch Service to Comply with the Emergency Telephone System Act

2) Code Citation: 83 Ill. Adm. Code 727

3)

Section Numbers:	Proposed Action:
727.100	New Section
727.105	New Section
727.200	New Section
727.205	New Section
727.300	New Section
727.305	New Section
727.400	New Section
727.500	New Section
727.505	New Section
727.510	New Section

4) Statutory Authority: Implementing and authorized by Section 15.6 of the Emergency Telephone System Act [50 ILCS 750/15.6].

5) A Complete Description of the Subjects and Issues Involved: The establishment of Part 727 is required to implement Public Act 91-0518. The proposed rules provide clarification to the statute as well as setting specific guidelines for private business switch operators/owners who want to establish their own Private Emergency Answering Point in Illinois. The rules have taken into consideration the technical aspects as well as aspects of public safety in order to produce a suitable set of guidelines for engineering and operations.

6) Will these proposed rules replace emergency rules currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed rules contain incorporations by reference? Yes

9) Are there any other proposed rules pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments neither create nor expand any state mandate on units of local government, school districts, or community college districts.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed, within 45 days after the date of this issue of the *Illinois Register*, with:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

527 East Capitol Avenue
P.O. Box 19280
Springfield IL 62794-9280
(217)782-7434

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will affect any subject jurisdictional entities that are also small municipalities or not for profit corporations as defined in the Illinois Administrative Procedure Act.

B) Reporting, bookkeeping or other procedures required for compliance: Reporting and record keeping.

C) Types of professional skills necessary for compliance: Engineering and managerial.

13) Regulatory Agenda on which this rulemaking was summarized: These rules were not included on either of the 2 most recent agendas because: the Commission did not foresee the need for these rules.

The full text of the Proposed Rules is found in the Notice of Emergency Rules at page 8697 of this issue of the *Illinois Register*:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Narrative and Planning Policies

2) Code Citation: 77 Ill. Adm. Code 1100

3) Section Numbers: 1100.700 — Proposed Action: Amendment

4) Statutory Authority: 20 ILCS 3960, Illinois Health Facilities Planning Act

5) A Complete Description of the Subjects and Issues Involved: Changes are proposed to revise the State Board's planning policies regarding the Positron Emission Tomographic Scanning (P.E.T.) category of service. These proposed changes are to revise the planning areas and need determination, as well as establish a target utilization.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: The purpose of the Health Facilities Planning Act is to contain health care costs by preventing unnecessary construction or modification of health care facilities and to improve the "ability of the public to obtain necessary health services" and "establish an orderly and comprehensive health care delivery system which will guarantee the availability of quality health care to the general public." In recent years, the technology surrounding the P.E.T. service has improved significantly. As such, its application has been proven beneficial in many branches of medicine. Most notably, research has shown this technology to be very valuable in the diagnosis and treatment of patients with cardiovascular and oncologic conditions. The revision of this rule will allow the service to be more readily available to patients in Illinois.

11) Time, Place and Manner in which intereswted persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking by writing within 45 days after this issue of the *Illinois Register* to:

Donald Jones
Illinois Health Facilities Planning Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

Springfield, Illinois 62761-0001
(217) 782-3516
(217) 785-4308 (fax)
800-547-0466 (TTY - for hearing impaired only)
E-mail: djonesl@idph.state.il.us

All written comments received within 45 days of this issue of the *Illinois Register* will be considered.

A public hearing will be held on Wednesday, July 12, 2000, at 1:30 p.m. at the Executive Plaza Hotel, 71 East Wacker Drive, Chicago, Illinois. The hearing will be for the sole purpose of gathering public comment on the proposed amendment. Persons interested in presenting testimony at this hearing are advised that the State Board will follow these procedures in the conduct of the hearing:

1) Each person presenting oral testimony is requested to provide to the State Board a written (preferably typed) copy of such testimony at the time the oral testimony is presented.

2) No person will be recognized to speak for a second time until all persons wishing to testify have done so. The State Board may limit the time the hearing is open and limit the time of individual testimony based upon the number of persons wishing to testify. All testimony shall conclude at the specified time except that an individual in the midst of presenting testimony shall be allowed to complete his/her testimony.

3) In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the State Board may impose such other rules of procedure, including the order of call of witnesses, as necessary.

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Donald Jones at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on this rulemaking shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Health care facilities that meet the definition of small business or not for profit corporation.

HEALTH FACILITIES PLANNING BOARD

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B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1999

The full text of the Proposed Amendments begin on the next page:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1100
NARRATIVE AND PLANNING POLICIES

SUBPART A: GENERAL NARRATIVE

Section
1100.10 Introduction
1100.20 Authority
1100.30 Purpose
1100.40 Health Maintenance Organizations (Repealed)
1100.50 Subchapter Organization
1100.60 Mandatory Reporting of Data
1100.70 Data Appendices
1100.80 Institutional Master Plan Hospitals (Repealed)
1100.90 Public Hearings

SUBPART B: GENERAL DEFINITIONS

Section
1100.210 Introduction
1100.220 Definitions

SUBPART C: PLANNING POLICIES

Section
1100.310 Need Assessment
1100.320 Staffing
1100.330 Professional Education
1100.340 Public Testimony
1100.350 Multi-Institutional Systems
1100.360 Modern Facilities
1100.370 Occupancy-Utilization Standards
1100.380 Systems Planning
1100.390 Quality
1100.400 Location
1100.410 Needed Facilities
1100.420 Discontinuation
1100.430 Coordination with Other State Agencies

SUBPART D: NEED FORMULAS/UTILIZATION TARGETS

Section
1100.510 Introduction, Formula Components and Planning Area Development

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 15476; amended at 9 Ill. Reg. 3344, effective March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg. 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29, 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 18

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Ill. Reg. 2986, effective February 10, 1994; amended at 18 Ill. Reg. 8448, effective July 1, 1994; emergency amendment at 19 Ill. Reg. 1941, effective January 31, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 2985, effective March 1, 1995; amended at 19 Ill. Reg. 10143, effective June 30, 1995; recodified from the Department of Public Health to the Health Facilities Panning Board at 20 Ill. Reg. 2594; amended at 20 Ill. Reg. 14778, effective November 15, 1996; amended at 21 Ill. Reg. 6220, effective May 30, 1997; expedited correction at 21 Ill. Reg. 17201, effective May 30, 1997; amended at 23 Ill. Reg. 2960, effective March 15, 1999; amended at 24 Ill. Reg. _____, effective _____.

SUBPART D: NEED FORMULAS/UTILIZATION TARGETS

Section 1100.700 Positron Emission Tomographic Scanning (P.E.T)

a) Planning Area: For purposes of need assessment, the applicant shall designate a geographic service area pursuant to the review criteria requirements of 77 Ill. Adm. Code 1110.2130(a) ~~The State of Illinois~~.

b) Need Determination ~~Assessment~~: No formula to determine need has been established. The applicant must document that the establishment of the P.E.T. service is needed pursuant to the review criteria at 77 Ill. Adm. Code 1110.2130 ~~One piece of equipment for each medical school of the Colleges of Medicine within the State~~.

c) Target Utilization: A minimum of 1,000 scans annually per P.E.T. machine.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Processing, Classification Policies and Review Criteria

2) Code Citation: 77 Ill. Adm. Code 1110

3)

Section Numbers:	Proposed Action:
1110.40	Amendment
1110.2130	Amendment

4) Statutory Authority: 20 ILCS 3960, Illinois Health Facilities Planning Act

5) A Complete Description of the Subjects and Issues Involved: Changes are proposed to revise the State Board's review criteria regarding the Positron Emission Tomographic Scanning (P.E.T.) category of service. These proposed changes are to: (1) make the review of these projects non-substantiative; (2) designate geographic service areas; (3) establish a target utilization; (4) provide guidelines on medical staffing requirements; and (5) furnish assurances for project usage.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: The purpose of the Health Facilities Planning Act is to contain health care costs by preventing unnecessary construction or modification of health care facilities and to improve the "ability of the public to obtain necessary health services" and "establish an orderly and comprehensive health care delivery system which will guarantee the availability of quality health care to the general public." In recent years, the technology surrounding the P.E.T. service has improved significantly. As such, its application has been proven beneficial in many branches of medicine. Most notably, research has shown this technology to be very valuable in the diagnosis and treatment of patients with cardiovascular and oncologic conditions. The revision of these rules will allow the service to be more readily available to patients in Illinois.

11) Time, Place and Manner in which intereswted persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking by writing within 45 days after this issue of the *Illinois Register* to:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

Donald Jones
Illinois Health Facilities Planning Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001
(217) 782-3516
(217) 785-4308 (fax)
800-547-0466 (TTY - for hearing impaired only)
E-mail: djonesl@idph.state.il.us

All written comments received within 45 days of this issue of the *Illinois Register* will be considered.

A public hearing will be held on Wednesday, July 12, 2000, at 1:30 p.m. at the Executive Plaza Hotel, 71 East Wacker Drive, Chicago, Illinois. The hearing will be for the sole purpose of gathering public comment on the proposed amendments. Persons interested in presenting testimony at this hearing are advised that the State Board will follow these procedures in the conduct of the hearing:

1) Each person presenting oral testimony is requested to provide to the State Board a written (preferably typed) copy of such testimony at the time the oral testimony is presented.

2) No person will be recognized to speak for a second time until all persons wishing to testify have done so. The State Board may limit the time the hearing is open and limit the time of individual testimony based upon the number of persons wishing to testify. All testimony shall conclude at the specified time except that an individual in the midst of presenting testimony shall be allowed to complete his/her testimony.

3) In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the State Board may impose such other rules of procedure, including the order of call of witnesses, as necessary.

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Donald Jones at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on this rulemaking shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

HEALTH FACILITIES PLANNING BOARD

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A) Types of small businesses, small municipalities and not for profit corporations affected: Health care facilities that meet the definition of small business or not for profit corporation.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1999

The full text of the Proposed Amendments begin on the next page:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110
PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section
1110.10 Introduction to Part 1110
1110.20 Projects Required to Obtain a Permit (Repealed)
1110.30 Processing and Reviewing Applications
1110.40 Classification of Projects
1110.50 Recognition of Services Which Existed Prior to Permit Requirements
1110.55 Recognition of Non-Hospital Based Ambulatory Surgery Category of Service
1110.60 Master Design Projects
1110.65 Master Plan or Capital Budget Projects

SUBPART B: REVIEW CRITERIA--DISCONTINUATION

Section
1110.110 Introduction
1110.120 Discontinuation--Definition
1110.130 Discontinuation--Review Criteria

SUBPART C: GENERAL, MASTER DESIGN, AND CHANGES OF OWNERSHIP REVIEW CRITERIA

Section
1110.210 Introduction
1110.220 Definitions--General Review Criteria
1110.230 General Review Criteria
1110.235 Additional General Review Criteria for Master Design and Related Projects Only
1110.240 Changes of Ownership

SUBPART D: REVIEW CRITERIA RELATING TO ALL PROJECTS INVOLVING ESTABLISHMENT OF ADDITIONAL BEDS OR SUBSTANTIAL CHANGE IN BED CAPACITY

Section
1110.310 Introduction
1110.320 Bed Related Review Criteria

SUBPART E: MODERNIZATION REVIEW CRITERIA

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SUBPART AC: CATEGORY OF SERVICE REVIEW CRITERIA -- COMMUNITY-BASED RESIDENTIAL REHABILITATION CENTER ALTERNATIVE HEALTH CARE MODEL

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987; amended at 12 Ill. Reg. 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29, 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 18 Ill. Reg. 2993, effective February 10, 1994; amended at 18 Ill. Reg. 8455, effective July 1, 1994; amended at 19 Ill. Reg. 2991, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 7981, effective May 31, 1995, for a maximum of 150 days; emergency expired October

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27, 1995; emergency amendment at 19 Ill. Reg. 15273, effective October 20, 1995, for a maximum of 150 days; recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2600; amended at 20 Ill. Reg. 4734, effective March 22, 1996; amended at 20 Ill. Reg. 14785, effective November 15, 1996; amended at 23 Ill. Reg. 2987, effective March 15, 1999; amended at 24 Ill. Reg. 6075, effective April 7, 2000; amended at 24 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section 1110.40 Classification of Projects

When an application for permit has been received by the State Board, the Executive Secretary shall classify the project into one of the following classifications:

a) Emergency Classification
   1) Emergency projects are subject to the review process and are those construction or modification projects that affect the inpatient operation of a health care facility and are necessary because there exists one or more of the following conditions:
      A) An imminent threat to the structural integrity of the building; or
      B) An imminent threat to the safe operation and functioning of the mechanical, electrical, or comparable systems of the building.
   2) Since the State Board recognizes that applications for emergency projects must be processed as expeditiously as possible, all applications will be reviewed in accordance with the following review criteria:
      A) the project is indeed an emergency project as defined in subsection (a)(1)(A) or (B) above; and
      B) failure to proceed immediately with the project would result in closure or impairment of the inpatient operation of the facility; and
      C) the emergency conditions did not exist longer than 30 days prior to requesting the emergency classification.

b) Non-Substantive Review Classification. Non-substantive projects are those establishment, construction, modification or equipment projects which consist solely of the characteristics detailed in this subsection. Applications shall be evaluated only against the following applicable review criteria of the Sections or Parts specified.

Applicable Project Type	Review Criteria
Establishment of long-term care facilities licensed by the Department of Children and Family	Section 1110.230 and Part 1120

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Services	
Discontinuation of beds or category of service	Section 1110.130 and Part 1120
Changes of ownership	Sections 1110.230(b), 1110.240, and Part 1120
Long-term care for the Developmentally Disabled Categories of Service	Section 1110.230; Section 1110.320(b); Section 1110.1830; and Part 1120
Acute Care Beds Certified for Extended Care Category of Service as defined by the Health Care Financing Administration (42 CFR 405.471 (1987))	Section 1110.230(a), (c), (e); and Part 1120
Chronic Renal Dialysis Category of Service	Section 1110.230; Part 1110.1430; and Part 1120
Position Emission Tomographic Scanning Category of Service	Section 1110.230(b) and (c); Section 1110.2130; and Part 112
Residential units and apartments	Section 1110.230; and Part 1120
Projects intended solely to provide care to patients suffering from Acquired Immunodeficiency Syndrome (AIDS) or related disorders	Section 1110.230; Section 1110.320; Section 1110.420; and Part 1120
Projects to comply with Life Safety Code requirements	Section 1110.420(a) and (b); and Part 1120
Restaurants, cafeterias, snack bars and all other non-patient dining areas	Section 1110.230(c) and (e); Section 1110.420(b); and Part 1120
Administration and volunteer offices	Section 1110.230(c) and (e); and Part 1120
Replacement of diagnostic or therapeutic equipment with comparable equipment to be utilized for a similar purpose	Section 1110.420(b); and Part 1120

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Medical office buildings, fitness centers, and other non-inpatient space	Section 1110.230(c), (d) and e); and Part 1120
Boiler repair or replacement (does not include boiler plant); bridges , tunnels, walkways, elevators or other structures designed to provide access between or through existing buildings; capitalized projects that are considered basically maintenance, such as carpeting, tile replacement or furniture purchase; chapels; computers; educational facilities, including auditoriums, classrooms, student housing; emergency transportation equipment; gift shops, news stands and other retail space; mechanical systems for heating, ventilation and air conditioning; modernization of structural components (roof replacement, masonry work, etc.); loading docks; parking facilities; telephone systems	Part 1120
Community-Based Residential Rehabilitation Center Alternative Health Care Model	Section 1110.2850

c) Substantive Review Classification. All projects that do not include components specified in subsection (b) shall be subject to review and shall be classified substantive unless they are found to be emergency projects as delineated in subsection (a) above.

d) Classification of projects with both non-substantive and substantive components. Projects which include both substantive and non-substantive components shall be classified as substantive.

e) Classification Appeal. Appeal of any classification may be made to the State Board at the next scheduled State Board meeting.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART V: CATEGORY OF SERVICE REVIEW CRITERIA--POSITRON EMISSION TOMOGRAPHIC SCANNING (P.E.T.)

Section 1110.2130 Positron Emission Tomographic Scanning (P.E.T.) --- Review Criteria

a) Geographic Service Area ~~Initial--Introduction~~ -- Review Criterion ~~Criteria~~
An applicant shall define the intended geographic service area (GSA) for the P.E.T. service. The GSA boundaries shall be no less than 30 minutes travel time and no greater than 60 minutes travel time (under normal driving conditions) from each of the applicant's sites. Documentation shall include a map of the GSAs that identifies:
1) the boundaries of the GSAs;
2) the applicant's facilities proposing to provide the P.E.T. service; and
3) any health care facilities that provide or are approved to provide P.E.T. service.
~~1) The--initial--introduction---of---Positron-Emission---Tomographic Scanners-will-allow-the-State-Board-the-opportunity-to-study-data generated--by--the--initial--projects,--in--order-to-evaluate-the efficacy-of-this-technologically-innovative-equipment.~~
~~2) The-Illinois-Health-Facilities-Planning-Board-has-determined-that for-the-period-of-study-and-data-collection,-one--piece--of--this equipment-be-allocated-for-each-medical-school-of-the-Colleges-of Medicine-within-the-State.~~

b) Projected P.E.T. Volume ~~Appropriate-Medical-and-Related-Services-to-be Provided~~ -- Review Criterion ~~Criteria~~
The applicant must document a projected number of P.E.T. scans that meets or exceeds the target utilization level specified in 77 Ill. Adm. Code 1100.700(c). Documentation must be based upon the number of diagnosed cancer cases reported to IDPH's cancer registry for the most recent 12-month period for which data is available at the applicant's facilities multiplied by 1.25 to adjust for the number of patients with other medical conditions that can benefit from P.E.T. service.
~~1) Training-and-Medical-Education Institutions--must-have-on-their-staff-board-certified-physicians who-will-participate-in-the-evaluation-of-P.E.T.-Scanners.~~
~~2) Support-Services Because--P.E.T.--services--should--complement--other---diagnostic modalities---P.E.T.--scanners--shall--be--located--at--facilities offering-a-full-range-of-diagnostic-modalities,-including-but-not limited--to:--ultrasound,---nuclear---medicine,---PET---scanning, radionuclide--procedures--and--conventional--diagnostic-x-ray.--A nuclear--medicine--facility--wishing--to--participate--in--P.E.T. evaluation-must-be-a-full-service-facility.~~
~~3) Board--Certified--Nuclear--Medicine---Physician---and---Radiation Physicist~~
~~A) The--applicant-must-have-on-staff-a-board-certified-or-board eligible-physician-specializing-in-nuclear--medicine--and--a staff-physicist-with-expertise-in-nuclear-medicine-to-assure the-quality-and-safety-of-the-P.E.T.-equipment.~~
~~B) A-"staff-radiation-physicist"-is-defined-in-the-Rules-of-the State--Board,--as-"a-person-who-is-a-graduate-physicist,-and is-either-certified,-or-eligible-for-certification,--by--the American--Board--of-Radiology-or-its-equivalent,-or-who-is-a graduate-physicist-with-equivalent-training-and--experienced to-that-degree-required-by-the-American-Board-of-Radiology."~~

c) Unnecessary Duplication of Service ~~Multi-Institutional Systems~~ -- Review Criterion
An applicant must document that establishing the P.E.T. category of service will not result in an unnecessary duplication of service within the GSA. Documentation shall include evidence of the following:
1) there are no facilities providing (or approved to provide) the P.E.T. category of service within the GSA; or
2) the proposed project will not reduce utilization below the standard specified at 77 Ill. Adm. Code 1100.700(c) for facilities that have operated at or above the established level for the latest 12 month period (for which data is available); or
3) the impact the proposed project will have on an existing facility (including those approved to provide P.E.T. service that are not in operation) that has not operated at the target utilization level; or
4) existing P.E.T. facilities located in the GSA have restrictive policies or protocols that preclude patients from the applicant's facilities from obtaining P.E.T. services.
~~The--applicant--must-document-that-the-proposed-project-will-result-in the-establishment-of-a-multi-institutional-system-with-regard--to--the utilization---of---Positron---Emission---Tomographic--Scanners.----Such documentation-may-include-copies-of-letters-or-signed-agreements--with other--facilities--stating--that--those--facilities--will-utilize-this equipment-by-the-referral-of-patients.~~

d) Medical Staffing ~~Location~~ -- Review Criterion
The applicant must provide documentation that each facility or site where the P.E.T. service is proposed has a medical director specializing in diagnostic and nuclear radiology that is a board certified or board eligible physician by the American College of Radiology and who has submitted a notarized assurance that he or she will adhere to the applicable standards on "Diagnostic Procedures Using Radiopharmaceuticals" as stated by the American College of Radiology.
~~Due--to-the-fact-that-P.E.T.-Scanners-are-innovative-equipment-it-will be-the-policy-of-the-State-Board-that--such--pieces--of--equipment--be located--at--an--affiliated--teaching--facility-of-the-State's-medical schools-in-order-to-evaluate-medical--efficacy.----The--applicant--must document--that--the--medical--school--has-recommend-the-institution-in which-the-equipment-is-to-be-located.--A-copy-of--a--letter--from--the Dean--of--the--appropriate-College-of-Medicine-(or-his-representative)~~

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~~will constitute sufficient documentation.~~

e) Assurances ~~Data Collection~~ -- Review Criterion ~~Criteria~~

1) that the service will cease operation in case of the absence of a medical director and will not resume until a medical director who meets the medical staffing criterion of this Subpart is attained; and
~~IDPH shall collect data from all available sources for purposes of studying the efficacy of this equipment.~~

2) that after the P.E.T. service becomes operational, failure to provide any P.E.T. scans for any 12 consecutive months will constitute voluntary discontinuation of the service and that a new permit will be required to resume the service; and

3) that the P.E.T. service will be made available to patients regardless of source of payment, including patients that are Medicare or Medicaid or free care.
~~The applicant must document that it will provide utilization data, clinical data, and reports of clinical efficacy in comparison to other forms of diagnostic modalities as requested by IDPH. The applicant must also document that it will provide a representative from the institution as a liaison to the State Board for the purposes of data collection. A letter stating that, if approved, the applicant will participate by providing required data, will constitute sufficient documentation.~~

(Source: Amended at 24 Ill. Reg. _____, effective _____)

DEPARTMENT OF THE LOTTERY

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Lottery (General)

2) Code Citation: 11 Ill. Adm. Code 1770

3) Section Number: 1770.10 — Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 7.1 and 7.2 of the Illinois Lottery Law [20 ILCS 1605/7.1 and 7.2] and Executive Order 86-2, effective July 1, 1986.

5) A Complete Description of the Subjects and Issues Involved: The amendment to Section 1770.10 reflects changing terminology within the lottery industry; specifically, referring to sellers of lottery tickets as "retailers" rather than "agents."

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This proposed amendment neither creates nor expands a State Mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments regarding these proposed amendments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be directed to:

Lisa Crites
Rules Coordinator
Illinois Lottery
201 E. Madison St.
Springfield IL 62702
Tel. 217/524-5253
Fax 217/524-5235
TDD 217/524-5250

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: The change in terminology will have no impact (positive or negative) on small businesses, small municipalities and

DEPARTMENT OF THE LOTTERY

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not-for-profit corporations holding a license to sell Illinois Lottery tickets.

B) Reporting, bookkeeping or other procedures required for compliance: No new requirements are imposed by these proposed amendments.

C) Types of professional skills necessary for compliance: No professional skills are necessary for compliance with these proposed amendments.

13) Regulatory Agenda on which this rulemaking was summarized: July 1999

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF THE LOTTERY

NOTICE OF PROPOSED AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE C: LOTTERY
CHAPTER II: DEPARTMENT OF THE LOTTERY

PART 1770
LOTTERY (GENERAL)

Section

AUTHORITY: Implementing and authorized by Sections 7.1 and 7.2 of the Illinois Lottery Law [20 ILCS 1605/7.1 and 7.2] and Executive Order 86-2, effective July 1, 1986.

SOURCE: Filed by the Lottery Control Board July 11, 1974; amended at 2 Ill. Reg. 17, p. 130, effective April 1, 1978; amended at 4 Ill. Reg. 15, p. 201, effective March 30, 1980; codified as 11 Ill. Adm. Code 1670 at 5 Ill. Reg. 10713; transferred from 11 Ill. Adm. Code 1670 (Lottery Control Board) to 11 Ill. Adm. Code 1770 (Department of the Lottery) pursuant to Executive Order 86-2, effective July 1, 1986, at 11 Ill. Reg. 1582; Part repealed, new Part adopted at 13 Ill. Reg. 7908, effective May 16, 1989; amended at 17 Ill. Reg. 18816, effective October 19, 1993; amended at 18 Ill. Reg. 13439, effective August 23, 1994; amended at 19 Ill. Reg. 6810, effective May 8, 1995; amended at 20 Ill. Reg. 15039, effective November 6, 1996; emergency amendment at 22

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Ill. Reg. 1964, effective January 15, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 9307, effective May 15, 1998; amended at 22 Ill. Reg. 22298, effective December 14, 1998; amended at 24 Ill. Reg. _____, effective _____.

Section 1770.10 Definitions

Terms defined in the Act have the same meanings when used in this Part. The following words and terms when used in this Part shall have the following meanings, unless the context clearly indicates otherwise:

"Act" means the Illinois Lottery Law [20 ILCS 1605].

"Agent" or "Sales Agent" or "Distributor" means a person and his representative who has been licensed to distribute and/or sell lottery tickets under Sections 9.d, 10 and 10.1 of the Act.

"Applicant" means a person who has applied to the Director for a license to sell lottery tickets to the public.

"Board" means the Lottery Control Board as established by Section 6 of the Act.

"Chairman" means the Chairman of the Lottery Control Board.

"Claim" means to present a purported winning Illinois Lottery ticket to a licensed Lottery Agent or a Lottery regional or administrative office for payment. "Claim" shall additionally mean the process of completing an Illinois Lottery claim form or other documentation as required by this Part. The amount of a prize claim is determined by deducting the amount of the wager from the verified prize amount.

"Claimant" means a person, as defined in this Section, who presents a winning lottery ticket to a licensed Lottery Agent or a Lottery regional or administrative office for the purpose of receiving a prize.

"Department" means the Illinois Department of the Lottery.

"Director" means the Director of the Department of Lottery.

"Employee of the Department" means an employee of the Department of the Lottery.

"Game" means any individual or particular type of lottery authorized by the Department.

"License" means a license, issued by the Director pursuant to Section

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9 of the Act, under the authority of the Act, for an agent to sell lottery tickets to the public. Licenses shall be effective for an initial period of two years from the date issued by the Department's Licensing Unit. Each license thereafter approved for renewal by the Department will be renewed for a two-year term dated from the date of expiration of the initial or last prior renewal term, as may be appropriate.

"Licensed Agent", ~~or~~ "Lottery Sales Agent", ~~or~~ "Licensed Sales Agent", "Licensed Retailer" or "Lottery Retailer" means a person permitted by a license issued by the Director under the authority of Sections 9.d, 10 and 10.1 of the Act to sell Illinois State Lottery tickets to the public, by an across-the-counter transaction at a specified Point of Sale at a specifically licensed location.

"Lottery" or "State Lottery" means the Lottery established and operated pursuant to the Act.

"On-line status" means the ability of an agent to sell computer-generated Lottery game tickets or shares through a terminal connected to a Lottery central system.

"Person", when used in reference to a sales agent's license, shall be construed to mean and include an individual, association, partnership, corporation, limited liability company or partnership, club, trust, estate, society, company, joint stock company, receiver, trustee, referee, or any other person acting in a fiduciary or representative capacity, who is appointed by a court, or any other combination of individuals. "Person" includes any department, commission, agency or instrumentality of the State, including the Department of the Lottery, and also including any county, city, village, or township and any agency and instrumentality thereof.

"Person", when used in the context of a prize claim, shall be construed to mean and include an individual; a group of individuals; a partnership or club; a limited partnership, if registered prior to the date the prize was won; a corporation, if incorporated prior to the date the prize was won; a limited liability company, if registered prior to the date the prize was won; a revocable living trust, provided the prize winner is the initial trustee; an irrevocable trust, if the trust agreement was executed prior to the date the prize was won, and provided all beneficiaries of the trust are named therein; a charitable organization, if registered prior to the date the prize was won; an estate; or a governmental entity other than the Department of the Lottery. Prize claims by any such "persons" are subject to eligibility requirements set forth in the Act, this Part, or game rules.

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"Point of Sale" means the physical location where a licensed agent is authorized to conduct the sale of lottery tickets to the public.

"Prize" means any award, financial or otherwise, awarded to a ticket holder pursuant to the rules of the lottery.

"Related terminal" means any player activated machine or any agent operated terminal in which an owner of an agent location has 50% or greater interest.

"Secretary" means the Secretary of the Lottery Control Board.

"Service" means the mailing of any notice required by the Act or this Part by certified mail, return receipt requested. Service shall be deemed complete if the notice is returned undelivered or unclaimed when mailed, postage prepaid, to the intended recipient's last known address as disclosed in the Department's records, or if 30 days have elapsed from the date of mailing to such address with no return of the item.

"Special License" means a license issued by the Director limited in geographic scope and/or duration of validity, pursuant to Section 1770.30 of this Part.

"State Lottery Fund" means the special fund created in the State Treasury by Section 20 of the Act, in which all revenues received by the State Lottery, as defined and limited by Section 20 of the Act, are deposited.

"Ticket" means a lottery ticket or share issued by the Department for sale to the general public.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Emergency Medical Services and Trauma Center Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Proposed Action:
515.330	Amendment
515.825	New Section
515.920	Amendment
515.930	Amendment
515.935	Amendment
515.940	Amendment
515.945	Amendment
515.950	Amendment

4) Statutory Authority: Emergency Medical Service (EMS) Systems Act [210 ILCS 50]

5) A Complete Description of the Subjects and Issues Involved: The rules regulate the provision of emergency medical services in Illinois.

Section 515.330 is being amended to require the Program Plan to include a policy on the use of latex-free supplies.

A new Section 515.825 is being added to establish requirements for alternate response vehicles. These vehicles will be dispatched simultaneously with ambulances and will assist with patient care prior to the arrival of the ambulance. Providers will be issued a provider license for a level of care; vehicles will not be licensed separately.

Section 515.920 is being amended to require Specialized Emergency Medical Service Vehicle programs to be a part of an EMS System that is located within the geographical area that the program serves.

Section 515.930 is being amended to provide more specific staffing requirements for helicopters and fixed-wing aircraft.

Section 515.935 is being amended to require a minimum of 20 hours of day/night area flight orientation and a minimum of five hours of night flight time for helicopter pilots.

Section 515.940 is being amended to include additional training requirements for aeromedical crew members.

Section 515.945 is being amended to update communications, staffing, and equipment requirements for aircraft vehicles.

Section 515.950 is being amended to specify required equipment for SEMVs.

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The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain Any Incorporations By Reference? No

9) Are there any other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning this rulemaking by writing within 45 days after this issue of the *Illinois Register* to:

Paul Thompson
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
[rules@idph.state.il.us]

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Emergency medical services providers, ambulance services, fire departments.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:

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None

C) Types of Professional Skills Necessary for Compliance: EMS professional skills and training are set forth in the rules.

13) Regulatory Agenda on which this rulemaking was summarized: The rulemaking was not included on either of the Department's two most recent regulatory agendas because: the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE
SUBPART A: GENERAL

Section

SUBPART B: EMS REGIONS

Section

SUBPART C: EMS SYSTEMS

Section

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section

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SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section

SUBPART F: VEHICLE SERVICE PROVIDERS

Section

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section

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SUBPART H: TRAUMA CENTERS

SUBPART I: EMS ASSISTANCE FUND

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. _____, effective _____.

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SUBPART C: EMS SYSTEMS

Section 515.330 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

a) The name, address and fax number of the Resource Hospital;
b) The names and resumes of the following persons:
   1) The EMS Medical Director,
   2) The Alternate EMS Medical Director,
   3) The EMS Administrative Director,
   4) The EMS System Coordinator;
c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i) of this Section);
d) The name and address of each ambulance provider participating within the EMS System;
e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;
f) Current letter(s) of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes such as emergency department staffing and educational requirements:
   1) The Chief Executive Officer of the hospital,
   2) The Chief of the Medical Staff, and
   3) The Director of the Nursing Services;
g) A letter of commitment from the EMS Medical Director that describes the EMSMD's agreement to:
   1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;
   2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the EMSMD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
   3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
   4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
   5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMSMD during any Department inspection, investigation or site survey;
   6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
   7) Be responsible for the total management of the System, including

the enforcement of compliance with the System Program Plan by all participants within the System;

8) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-B, EMT-I or EMT-P within the System who has not been recommended for relicensure by the EMS Medical Director; and

9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410 of this Part;

h) A description of the method(s) of providing EMS services, which includes:

1) single vehicle response and transport;

2) dual vehicle response;

3) level of first response vehicle;

4) level of transport vehicle;

5) use of mutual aid agreements; and

6) informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;

i) A letter of commitment from each Associate or Participating Hospital within the System that includes the following:

1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;

2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;

3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;

4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;

5) An agreement to use the standard treatment orders as established by the Resource Hospital;

6) An agreement to follow the operational policies and protocols of the System;

7) A description of the level of participation in the training and continuing education of pre-hospital personnel;

8) An agreement to collect and provide relevant data as determined by the Resource Hospital;

9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;

10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;

11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will

ensure that communications interference as a result of this dual participation will be minimized; and

12) The names and resumes of the Associate Hospital EMS Medical Director and Associate Hospital EMS Coordinator;

j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;

k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;

l) The Program Plan shall consist of the EMS System Manual, which shall be provided to all System participants and shall include the following Sections:

1) Education and Training

A) Content and curricula of training programs for EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:

i) Entrance and completion requirements;

ii) Program schedules;

iii) Goals and objectives;

iv) Subject areas;

v) Didactic requirements, including skills laboratories;

vi) Clinical requirements;

vii) Testing formats;

B) Training program for Prearrival Medical Instructions, if applicable, including:

i) Entrance and completion requirements;

ii) Description of course materials;

iii) Testing formats;

C) Continuing education for EMTs, Pre-Hospital RNs, ECRNs, including:

i) System requirements (hours, types of programs, etc.);

ii) System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and completion;

iii) Requirements for approval of academic course work;

iv) Didactic programs offered by the System;

v) Clinical opportunities available within the System;

vi) Record-keeping requirements for participants, which must be maintained at the Resource Hospital;

D) Renewal Protocols

i) System examination requirements for EMTs, Pre-Hospital RNs, ECRNs;

ii) Procedures for renewal of Pre-Hospital RN and ECRN approvals;

iii) Submission of transaction cards for EMTs meeting renewal requirements;

iv) Providing Department renewal application forms to EMTs

who have not met renewal requirements according to System records;

E) System participant education and information, including:
   i) Distribution of System Manual amendments;
   ii) In-services for policy and protocol changes;
   iii) Methods for communicating updates on System and Regional activities, and other matters of medical, legal and/or professional interest;
   iv) Locations of library/resource materials, forms, schedules, etc.;

F) A plan for phasing in Emergency Medical Dispatcher and First Responder registration requirements over a five-year period for Emergency Medical Dispatchers and First Responders who choose to be included in the Program Plan (see Sections 515.710 and 515.720 of this Part);

G) A System may require that up to one-half of the continuing education hours that are required toward relicensure, as determined by the Department, be earned through attendance at system-taught courses;

H) A didactic continuing education course that has received a State site code shall be accepted by the System, subject only to the requirements of subsection (l)(1)(C) of this Section;

2) Drugs and Equipment
   A) A list of all drugs and equipment required for each type of System vehicle;
   B) Procedures for obtaining replacements at System hospitals;

3) Personnel Requirements for EMTs
   A) Minimum staffing for each type and level of vehicle;
   B) Guidelines for EMT patient interaction;

4) In-Field Protocols, including medical-legal policies but not limited to:
   A) The Regional Standing Medical Orders;
   B) System Standing Medical Orders as listed in Section 515.Appendix D;
   C) Appropriate interaction with law enforcement on the scene;
   D) When and how to notify a coroner or medical examiner;
   E) Appropriate interaction with an independent physician/nurse on the scene;
   F) The use of restraints;
   G) Consent for treatment of minors;
   H) Patient choice and refusal regarding treatment, transport, and/or destination;
   I) The duty to perform all services without unlawful discrimination;
   J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;

   K) Patient abandonment;
   L) Emotionally disturbed patients;
   M) Patient confidentiality and release of information;
   N) Durable power of attorney for health care; and
   O) Do Not Resuscitate (DNR) orders (see Section 515.380 of this Part); and
   P) A policy concerning the use of latex-free supplies;

5) Communications standards and protocols including:
   A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g) of this Part;
   B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;
   C) Protocols ensuring the voice orders via radio and using telemetry shall be given by or under the direction of the EMS Medical Director or the EMSMD's designee, who shall be either an ECRN, or physician; and
   D) Protocols defining when an ECRN should contact a physician;

6) Quality improvement measures for both adult and pediatric patient care should be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including but not limited to monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review;

7) Data collection and evaluation methods that include:
   A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
   B) A copy of the pre-hospital reporting form;
   C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350 of this Part);

8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:
   A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);
   B) Infectious disease and disinfection procedures, including the policy on significant exposure;
   C) Reporting and documentation of problems; and
   D) Protocols for ILS/ALS System personnel to assess the condition of a patient being initially treated in the field

by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS personnel is therefore appropriate. Such protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that such activities of the System personnel be done under the immediate direction of the EMS Medical Director or designee;

9) Any procedures regarding disciplinary and/or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act;

10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty;

11) The responsibilities of the EMS Coordinator(s), as designated by the EMS Medical Director, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required; and

12) The responsibilities of the EMS Medical Director;

m) A *written protocol for the bypassing of or diversion to a hospital, trauma center or Regional trauma center other than the nearest hospital, Regional trauma center or trauma center unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.* (Section 3.20(c)(5) of the Act) The bypass status policy should include a statement that for any life-threatening condition a patient may be transported to the closest facility, whether or not that facility is on bypass status. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:

1) There are no critical or monitored beds available in the hospital; or

2) An internal disaster occurs in the hospital;

n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.825 Alternate Response Vehicle

a) Ambulance assistance vehicles

Ambulance assistance vehicles are vehicles that are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance. These assistance vehicles include fire engines, trucks, squad cars or chief's cars that contain the staff and equipment required by this Section. These vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. These vehicles shall be identified by the agency as a program plan amendment outlining the type and level of response that is planned. The vehicle shall not be a primary response vehicle but a supplementary vehicle to support EMS services. The vehicle shall be dispatched only if needed. Ambulance assistance vehicles shall be classified as either:

1) Advanced ambulance assistance vehicles. These vehicles shall be staffed with a minimum of one EMT-P and shall have all of the required equipment; or

2) Intermediate ambulance assistance vehicles. These vehicles shall be staffed with a minimum of one EMT-I and shall have all of the required equipment; or

3) Basic ambulance assistance vehicles. These vehicles shall be staffed with a minimum of one EMT-B and shall have all of the required equipment; or

4) First Responder assistance vehicles. These vehicles shall be staffed with a minimum of one First Responder and shall have all of the required equipment.

b) ALS/ILS non-transport vehicles
These vehicles shall have a minimum of either one EMT-P, or one EMT-I and one other EMT-B, and shall have all of the approved equipment. This commitment is for 24 hours per day, every day of the year.

c) BLS non-transport vehicles
These vehicles shall have a minimum of two EMT-Bs and have all of the required equipment. This commitment is for 24 hours per day, every day of the year.

d) Equipment requirements
Each vehicle used as an alternate response vehicle shall meet the following equipment requirements, as determined by the Department by an inspection.

1) Full portable oxygen cylinder
2) Dial flowmeter/regulator for 15 liters per minute
3) Delivery tubes
4) Adult, child and infant masks
5) Adult squeeze bag and valve, with adult and child masks
6) Child squeeze bag and valve, with child and infant masks
7) Airways, oropharyngeal - adult, child and infant
8) Airways, nasopharyngeal with lubrication (sizes 12-30F)
9) Manually operated suction device
10) Triangular bandages or slings
11) Roller bandages, self-adhering (4" by 5yds)
12) Trauma dressings

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13) Sterile gauze pads (4" by 4")
14) Vaseline gauze (3" by 8")
15) Bandage shears
16) Adhesive tape rolls
17) Blanket
18) Long backboard
19) Cervical collars - adult, child and infant
20) Extremity splints - adult/child, long/short
21) Adult/child/infant blood pressure cuffs and gauge
22) Stethoscope
23) Burn sheet, individually wrapped
24) Sterile solution (1,000cc), plastic bottles or bags
25) Obstetrical kit, sterile with head cover
26) Cold packs
27) EMS run reports
28) Nonporous disposable gloves
29) Eye/nose/mouth protection or face shields
30) Flashlight
31) Equipment to allow communication with hospital
32) ILS/ALS System-approved equipment
    A) Drug box
    B) Airway equipment
    C) Monitor/defibrillator

e) Registration of non-transport agencies
Each non-transport provider shall complete and submit to the Department one of the following: the First Responder Provider Initial EMS System Application (Form First 10/97), the Non-Transport Provider EMS System Application (Form NT 5/97), or the Non-Transport Provider Application (Form NT 6/99).

f) Inspection of non-transport
EMS providers Initial inspections will be completed by the Regional EMS Coordinator. Thereafter, non-transport ambulance assist providers shall perform annual self-inspections, using forms provided by the Department, and shall submit the form to the Department upon completion of the inspection. The Regional EMS Coordinator will perform inspections randomly or as the result of a complaint.

g) Issuance and renewal of license
Non-transport providers shall be issued a provider license that lists a number for each level of care approved. Licenses will not be issued for individual non-transport vehicles. Providers shall inform the EMS System and the Department of any modifications to the application, using the System Modification forms (sys-mod). Licenses will be issued for one year and will be renewed upon completion of the self-inspection.

(Source: Added at 24 Ill. Reg. _____, effective _____)

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SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section 515.920 SEMSV Program Licensure Requirements for All Vehicles

a) The SEMSV Program shall be part of a Department-approved EMS System that is located within the geographical area that the program serves.
b) The SEMSV Program shall meet and comply with all State and federal requirements governing the specific vehicles employed in the program. (See Section 515.930, 515.945, or 515.970 of this Part.)
c) The SEMSV Program shall comply with this Part during its hours of operation. The SEMSV Program shall operate 24 hours per day, every day of the year, in accordance with weather conditions, except when the service is committed to another medical emergency request, or is unavailable due to maintenance requirements.
d) The SEMSV Program shall provide pre-hospital emergency services within its service area on a per-need basis without regard to the patient's ability to pay for such service.
e) The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician who has met at least the following requirements:
    1) Educational experience in those areas of medicine that are commensurate with the mission statement of the medical service (e.g., trauma, pediatric, neonatal, obstetrics) or utilize specialty physicians as consultants when appropriate;
    2) Training and experience in Advanced Cardiac Life Support (ACLS), such as the American Heart Association's ACLS course or equivalent education;
    3) Training and experience in Pediatric Advanced Life Support (PALS), such as the American Heart Association PALS course or ASEP/American Academy of Pediatrics Advanced Pediatric Life Support Course or equivalent education;
    4) Training and experience in Advanced Trauma Life Support (ATLS), such as the American College of Surgeons' ATLS course or equivalent education;
    5) In programs using air vehicles, documentation, such as certificates or proof of completion in course work designed to bring about:
        A) Experience and knowledge in inflight treatment modalities;
        B) Experience and knowledge in altitude physiology;
        C) Experience and knowledge in infection control as it relates to airborne and intra-facility transportation; and
        D) Experience and knowledge in stress management techniques;
    6) In programs using watercraft, documentation, such as certificates of completion in course work designed to bring about:
        A) Experience and knowledge in treating persons suffering from drowning (cold, warm, fresh and salt water); and
        B) Experience and knowledge in diving accident physiology and

treatment.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 515.930 Helicopter and Fixed-Wing Aircraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 of this Part, an SEMSV Program using helicopters or fixed-wing aircraft shall submit a Program Plan that includes the following:

a) Documentation of the Medical Director's credentials as required by Section 515.920(e) of this Part, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:
   1) Supervising and managing the program;
   2) Supervising and evaluating the quality of patient care provided by the aeromedical crew;
   3) Developing written treatment protocols and standard operating procedures to be used by the aeromedical crew during flight;
   4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;
   5) Providing periodic review, at least monthly, of patient care provided by the aeromedical crew;
   6) Providing for the continuing education of the aeromedical team (see Section 515.940(a)(2));
   7) Providing medical advice and expertise on the use, need and special requirements of aeromedical transfer;
   8) Submitting documentation assuring the qualifications of the aeromedical crew;
   9) Notifying the Department when the primary SEMSV is unavailable in excess of 24 hours, stating the reason for unavailability, the expected date of return to service, and the provisions made, if any, for replacement vehicles;
   10) Assuring appropriate staffing of the SEMSV, with a minimum of one EMS pilot and one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of which must be a registered nurse or physician with completion of training required by Section 515.940. Two EMS pilots shall be used for fixed-wing aircraft or helicopters requiring such staffing. Additional aeromedical personnel may be required at the discretion of the SEMSV Medical Director. The Medical Director shall provide the Department with a list of all approved pilots and aeromedical crew members, and shall update the list whenever a change in such personnel is made;
b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the aircraft (see Section 515.950);
c) The SEMSV Medical Director's treatment protocols and standard operating procedures;
d) The curriculum and requirements for orientation and training (see Section 515.940(a)(2), (3) and (4), including mandatory continuing education for all aeromedical crew members consisting of at least 16 hours in specialized aeromedical transportation topics, eight hours of which may include quality assurance reviews;
e) A description of the communications system accessing the aeromedical dispatch center, the medical control point, receiving and referring agencies (see Section 515.960 of this Part);
f) A description and map of the service area for each vehicle;
g) A description of the EMS System's method of providing emergency medical services using the SEMSV Program; and
h) The identification number and description of all vehicles used in the program.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 515.935 EMS Pilot Specifications

a) EMS pilot approval for helicopters and fixed-wing aircraft shall be valid for a period of one year and may be renewed by the Medical Director if the pilot has completed renewal training, which shall include but is not limited to the requirements of subsections (b)(1) and (5)(A) through (H) or subsections (c)(1) and (3)(A) through (F) of this Section.
   1) For helicopter programs only:
      A) Four EMS pilots per helicopter, excluding relief support, shall be dedicated to the SEMSV Program.
      B) An EMS pilot assigned to SEMSV duty shall be physically present at the aircraft base to assure timely response.
      C) An EMS pilot assigned to SEMSV duty shall be provided with work space to carry out assigned duties. In the event that duty time exceeds 12 continuous hours, separate sleeping quarters shall be provided to assure physical rest.
   2) For fixed-wing programs only: One EMS pilot per aircraft who will respond within one-half hour from the receipt of the request.
b) Each EMS pilot assigned to a helicopter shall be approved by the Medical Director and shall meet the following requirements:
   1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135).
   2) A minimum of 2000 rotorcraft flight hours as pilot-in-command, including:
      A) Factory school or equivalent (ground and flight);
      B) Five hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a single engine helicopter, from a twin to a single engine

helicopter, or from a twin to a twin engine helicopter;

C) Ten hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a twin engine aircraft.

3) A minimum of 20 ~~five~~ hours day/night area flight orientation and, in the judgement of the SEMSV Medical Director, special terrain flight orientation, of which a minimum of five hours must be night flight time.

4) Instrument Flight Rules (IFR) certification by the Federal Aviation Administration (IFR Currency is recommended).

5) Provide documentation of completion of training that includes but is not limited to the following:

A) Judgement and decision making;

B) Local routine operating procedures, including day and night operations;

C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;

D) Regional area weather phenomena;

E) Area terrain hazards;

F) Scene procedures;

G) EMS System and SEMSV Program communications requirements; and

H) Orientation to each hospital/pre-hospital health care system affiliated with the SEMSV Program.

c) Each pilot assigned to a fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:

1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135);

2) The pilot shall have a commercial pilot certificate with a minimum of 2000 flight hours as pilot-in-command and an airplane multi-engine land instrument rating, with a minimum of 250 hours of instrument flying time, to include no more than 125 hours of simulated time and 100 night flight hours and 25 hours in the specific make and model of aircraft before flying as the pilot-in-command on patient missions, or completion of a commercially established training program for the specific make and model air craft and the successful completion of the check ride;

3) Provide documentation of completion of training that includes but is not limited to the following:

A) Judgement and decision making;

B) Local routine operating procedures, including day and night operations;

C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;

D) Regional area weather phenomena;

E) Area terrain hazards; and

F) EMS System and SEMSV Program communications requirements.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 515.940 Aeromedical Crew Member Training Requirements

a) Except as provided for by subsection (b) of this Section, each aeromedical crew member assigned to a helicopter or fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:

1) Be an EMT-P, registered nurse or a physician.

2) Each crew member must be current in, or obtain within six months of hire:

A) Advanced Cardiac Life Support (ACLS)

B) Basic Trauma Life Support (BTLS) or Pre-Hospital Trauma Life Support (PHTLS)

C) Pediatric Advanced Life Support (PALS)

D) Trauma Nurse Specialist (TNS) (RN only)

E) Neonatal Resuscitation Program (NRP)

3) Initial training program requirements for full-time and part-time Critical Care and ALS providers. Each Critical Care and ALS provider must successfully complete a comprehensive training program or show proof of recent experience/training in the categories listed below prior to assuming independent responsibility.

A) Didactic Component - Shall be specified and appropriate for the mission statement and scope of the medical transport service:

i) Advanced airway management.

ii) Altitude physiology/stressors of flight if involved in rotor wing or fixed wing operations.

iii) Anatomy, physiology and assessment for adult, pediatric and neonatal patients.

iv) Aviation - aircraft orientation/safety and in-flight procedures/general aircraft safety including depressurization procedures for fixed wing (as appropriate). Ambulance orientation/ safety and procedures as appropriate.

v) Cardiac emergencies and advanced cardiac critical care.

vi) Hemodynamic monitoring, pacemakers, automatic implantable cardiac defibrillator (AICD), intra-aortic balloon pump, and central lines, pulmonary artery and arterial catheters.

vii) Disaster and triage.

viii) EMS radio communications.

ix) Environmental emergencies.

x) Hazardous materials recognition and response.

xi) High risk obstetric emergencies (bleeding, medical,

and trauma).
xii) Infection control.
xiii) Metabolic/endocrine emergencies.
xiv) Multi-trauma (chest, abdomen, facial).
xv) Neonatal emergencies (respiratory distress, surgical, cardiac).
xvi) Oxygen therapy in the medical transport environment - Mechanical ventilation and respiratory physiology for adult, pediatric and neonatal patients as appropriate to the mission statement and scope of care of the medical transport service.
xvii) Pediatric medical emergencies.
xviii) Pediatric trauma.
xix) Pharmacology.
xx) Quality Management - Didactic education that supports the medical transport service mission statement and scope of care (e.g., adult, pediatric, neonatal).
xxi) Respiratory emergencies.
xxii) Scene management/rescue/extrication (rotor wing and ground ambulance).
xxiii) Stress recognition and management.
xxiv) Survival training.
xxv) Record keeping.
xxvi) Thermal, chemical and electrical burns.
xxvii) Legal aspects.
xxviii) Toxicology.

B) Clinical Component - Clinical experiences shall include, but not be limited to, the following (experiences shall be specific and appropriate for the mission statement and scope of care of the medical transport service):
i) Critical care.
ii) Emergency care.
iii) Invasive procedures or mannequin equivalent for practicing invasive procedures.
iv) Neonatal intensive care.
v) Obstetrics - five deliveries.
vi) Pediatric critical care.
vii) Prehospital care.
viii) Tracheal intubations - 10 on live patients.

4) Continuing educations/staff development must be provided and documented for all full-time and part-time Critical Care and ALS providers. These shall be specific and appropriate for the mission statement and scope of care of the medical transport service.
A) Didactic continuing education must include:
i) Aviation - safety issues (if involved in rotor wing or fixed wing operations).
ii) State EMS rules regarding ground and air transport.

iii) Altitude physiology/stressors of flight (if involved in both rotor wing and fixed wing operations).
iv) Critical care courses.
v) Emergency care courses.
vi) Hazardous materials recognition and response.
vii) Infection control.
viii) Stress recognition and management.
ix) Survival training.
x) Equipment reviews consistent with program scope and mission.

B) Clinical and laboratory continuing education must include:
i) Emergency/trauma care.
ii) Critical care (adult, pediatric, neonatal).
iii) Invasive procedure labs.
iv) Labor and delivery.
v) Pre-hospital experience.
vi) Skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the medical transport service (i.e., endotracheal intubations, chest tubes).
vii) Since endotracheal intubation is an essential life saving measure, no less than five live successful intubations per year are required for each Critical Care or ALS provider. Success rates for all live intubations are documented and monitored through the quality management process.
viii) Live, mannequin or cadaver intubation experience within the following age ranges if served by the air medical/ground interfacility service: birth to 12 months; 12 months to 6 years; and 6 years and older.

~~2) Provide documentation of completion of didactic training that includes but is not limited to the following:~~
~~A) Advanced life support;~~
~~B) Cardiac emergencies;~~
~~C) Traumatic emergencies;~~
~~D) Pediatric emergencies;~~
~~E) Obstetrical emergencies;~~
~~F) Neonatal emergencies;~~
~~G) Psychiatric emergencies;~~
~~H) Crisis intervention;~~
~~I) Infection control;~~
~~J) Altitude physiology;~~
~~K) Advanced surgical and airway management techniques;~~
~~L) Environmental emergencies;~~
~~M) Flight safety;~~
~~N) Aircraft emergencies;~~
~~O) Radio communications;~~
~~P) Rescue and survival techniques;~~

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~~G) Record-keeping; and~~
~~H) legal aspects.~~
~~3) Provide documentation of completion of clinical training appropriate for the scope of care of the air medical service that includes but is not limited to the following:~~
~~A) Emergency/trauma care;~~
~~B) Critical/intensive care (adult, pediatric, neonatal);~~
~~C) Obstetrics;~~
~~D) Invasive procedure labs, including tracheal intubations; and~~
~~E) Pre-hospital care.~~
5)~~4)~~ Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

b) In addition to at least one aeromedical crew member for Basic Life Support who has met the requirements of subsection (a) of this Section, and two aeromedical crew members, one of whom must be an R.N. or M.D., for Advanced Life Support or critical care transport missions who have met the requirements of subsection (a) of this Section, the Medical Director may approve and assign additional crew members to a helicopter or fixed-wing aircraft. Such additional crew members shall meet the following requirements:
1) Provide documentation of completion of training that includes but is not limited to the following:
A) General patient care in-flight,
B) Aircraft emergencies,
C) Flight safety,
D) EMS System and SEMSV Program communications,
E) Use of all patient care equipment, and
F) Rescue and survival techniques.
2) Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 515.945 Aircraft Vehicle Specifications and Operation

a) All vehicles shall meet the requirements of subparts A, B, C, and D of Air Taxi Operations and Commercial Operators (14 CFR 135).
b) All vehicles shall have communication equipment to permit both internal crew and air-to-ground exchange of information between individuals and agencies, including at least those involved in SEMSV medical control within the EMS System, the flight operations center, air traffic control and law enforcement agencies. Helicopters must be able to communicate with law enforcement agencies, EMS providers, fire agencies, and referring and receiving facilities.
c) All vehicles shall be equipped with a Medical Emergency Radio Communications for Illinois (MERCI) radio.
d)~~c)~~ All vehicles shall be designed to allow the loading and unloading of

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the patient without rotating the patient more than 30 degrees along the longitudinal axis or 45 degrees along the lateral axis.
e)~~d)~~ All vehicles shall be climate controlled to prevent temperature extremes that would adversely affect patient care in the judgement of the Medical Director.
f)~~e)~~ All vehicles shall have interior lighting to permit patient care to be given and patient status to be monitored without interfering with the pilot's vision.
g)~~f)~~ All vehicles shall carry survival equipment including but not limited to:
1) Two sources of heat or fire,
2) Two forms of signaling device,
3) Equipment to provide shelter: blanket, nylon cord and adhesive tape,
4) Knife and fishing kit, and
5) Food and water supply.
h)~~g)~~ All patients shall be restrained to the helicopter or fixed-wing aircraft litter in order to assure the safety of the patient and crew.
i)~~h)~~ For helicopter programs:
1) There shall be at least one single-engine aircraft.
2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of which shall be an R.N. or M.D.
3) Each vehicle shall be equipped with flight reference instruments to allow recovery from inadvertent Instrument Flight Rules (IFR) situations.
4) Each vehicle shall be equipped with a searchlight pivoting at least 180 degrees horizontal and 90 degrees vertical, controlled by the pilot without removing hands from the flight controls. The searchlight shall be at least 400,000 candlepower, mounted and operated in accordance with requirements of the Federal Aviation Administration (14 CFR 135).
5) The cockpit shall be isolated by a protective barrier to minimize inflight distraction or interference.
6) All medical equipment, supplies and personnel shall be secured and/or restrained.
7) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in racks or compartments approved by the Federal Aviation Administration (14 CFR 135) or by straps.
j)~~i)~~ For fixed-wing aircraft programs:
1) There shall be at least one twin-engine aircraft.
2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for

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Advanced Life Support and critical care transports.

3) The aircraft shall be IFR equipped and certified.

4) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in approved racks or compartments or by strap restraint.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 515.950 Aircraft Medical Equipment and Drugs

a) Each helicopter or fixed-wing aircraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

b) The SEMSV Medical Director shall submit for approval to the Department a list of medical equipment and drugs to be taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route. This shall include, but not be limited to:

1) Cardiac monitor with extra battery;

2) Defibrillator that is adjustable for all age groups;

3) External pacemaker;

4) Advanced airway equipment to include laryngoscope and tracheal intubation supplies for all age ranges;

5) Mechanical ventilator available;

6) Two suction sources; one must be portable;

7) Pulse oximetry;

8) End tidal CO2 - electronic or chemical;

9) Automatic blood pressure monitor;

10) Doppler with dual capacity to obtain fetal heart tones as well as systolic blood pressure;

11) Invasive pressure monitor;

12) Intravenous pumps with adjustable rates for appropriate age groups;

13) Two sources of oxygen; one must be portable;

14) A stretcher that is large enough to carry the 95th percentile adult, full length in supine position, and that is rigid enough to support effective cardiopulmonary resuscitation and has the capability of raising the head 30°;

15) Electrical power source provided by an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment;

16) If the patient weighs less than 60lbs. (27kg.) an appropriate (for height and weight) restraint device must be used, which must be secured by a devise approved by the Federal Aviation

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Administration (14 CFR 135); and

17) Isolette.

c) The Department's approval shall be based on, but not limited to:

1) Length of time of the mission;

2) Possible environmental or weather hazards;

3) Number of individuals served; and

4) Medical condition of individuals served.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Day Care Information Line

2) Code of Citation: 89 Ill. Adm. Code 378

3)

Section Numbers:	Proposed Action:
378.20	Amended
378.30	Amended

4) Statutory Authority: 225 ILCS 10

5) Effective Date of Amendments: July 1, 2000

6) Does rulemaking contain an automatic repeal date?

7) Does this amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: February 14, 2000; 24 Ill. Reg. 2050

10) Has JCAR issued a Statement of Objection to this amendment? No

11) Differences between proposal and final version: In response to a JCAR request, a definition was added for "pending revocation". Pending revocation is defined as a situation where the Department has issued a notice to the provider of its intent to revoke, refuse to renew or refuse to issue full license, and the provider has filed an appeal, thereby stopping the enforcement action until the appeal hearing has been held and a decision rendered.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: These amendments allow the Department to report on serious problems within day care facilities so that callers to the Day Care Information Line have complete information upon which to make decisions when placing their children for care. Under the prior rules, the Department could not advise a caller if a revocation action was pending or if a facility was operating under a protective plan that either prohibited caring for children or placed restrictions on the facility.

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The amendments also remove the limitation on reporting substantiated complaints and Department staff findings of licensing violations to the preceding twelve months. Under the amended rule, the Department will report all substantiated complaints and licensing violations since January 1, 1999.

16) Information and questions regarding these adopted amendments shall be directed to:

Mr. Jeff E. Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 E. Monroe, Station #65
Springfield, Illinois 62703-1498
Telephone: (217) 524-1983
TDD: (217) 524-3715
E-Mail: cfpolicy@idcfs.state.il.us

The full text of the adopted amendments begins on the next page.

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER d: LICENSING ADMINISTRATION

PART 378
DAY CARE INFORMATION LINE

Section
378.10 Purpose
378.20 Definitions
378.30 General Requirements and Operation of Day Care Information Line

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10].

SOURCE: Adopted at 23 Ill. Reg. 5673, effective May 10, 1999; emergency amendment at 24 Ill. Reg. 2476, effective January 14, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 8508, effective JUL 1 2000.

Section 378.20 Definitions

"Complaint" means any report to the Department alleging violation of the laws or rules related to the licensing of child care facilities.

"Day care agency" means any person, group of persons, public or private agency, association or organization which undertakes to provide one or more day care homes with administrative services including, but not limited to, consultation, technical assistance, training, supervision, evaluation and provision of or referral to health and social services under contractual arrangement. (Section 2.11 of the Child Care Act of 1969 [225 ILCS 10/2.11])

"Day care center" means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings. The term does not include:

- *programs operated by public or private elementary school systems or secondary level school units or institutions of higher learning which serve children who shall have attained the age of 3 years;*

- *programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education;*

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- *educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multi-state educational organization or association which regularly recognizes or accredits schools;*

- *programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards;*

- *facilities operated in connection with a shopping center or service, religious services or other similar facility where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;*

- *any type of day care center that is conducted on federal government premises;*

- *special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations;*

- *part day child care facilities, as defined in Section 2.10 of the Act; or*

- *programs or that portion of the program which:*

  - *serves children who shall have attained the age of 3 years,*
  - *is operated by churches or religious institutions as described in Section 501(c)(3) of the federal Internal Revenue Code,*
  - *receives no governmental aid,*
  - *is operated as a component of religious, nonprofit elementary school,*
  - *operates primarily to provide religious education, and*
  - *meets appropriate State or local health and fire safety standards.*

For purposes of this Part, *"children who shall have attained the age of 3 years" shall mean children who are 3 years of age, but less than 4 years of age, at the time of enrollment in the program.* (Section 2.09 of the Child Care Act of 1969 [225 ILCS 10/2.09])

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"Day care facility" means a day care home, group day care home, day care agency or day care center subject to licensing by the Department of Children and Family Services.

"Day care home" means family homes which receive more than 3 up to a maximum of 12 children including the family's natural, foster, or adopted children and all other persons under the age of 12. The term does not include facilities which receive only children from a single household. (Section 2.18 of the Child Care Act of 1969 [225 ILCS 10/2.18])

"Department" means the Illinois Department of Children and Family Services. (Section 2.18 of the Child Care Act of 1969 [225 ILCS 10/2.18])

"Group day care home" means a family home which receives more than 3 up to 16 children for less than 24 hours per day. The number counted includes the family's natural, foster, or adopted children and all other persons under the age of 12. (Section 2.20 of the Child Care Act of 1969 [225 ILCS 10/2.20])

"License" means a document issued by the Department of Children and Family Services that authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"License capacity" means the maximum number of day care children under age 12 permitted in the facility at any one time.

"License violation" means a violation of the Department of Children and Family Services licensing standards that results in a corrective action plan or jeopardizes the health, safety and welfare of a child.

"Pending revocation" means a situation where the Department has issued to the provider a notice of intent to revoke, refuse to renew or refuse to issue full license, and the provider has filed an appeal, thereby stopping the enforcement action until the appeal hearing has been held and a decision rendered.

"Substantiated complaint" means a violation of Department of Children and Family Services licensing standards or the Child Care Act which has been substantiated through a licensing complaint investigation.

(Source: Amended at 24 Ill. Reg. 8508, effective JUL - 1 2000)

Section 378.30 General Requirements and Operation of Day Care Information Line

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a) Hours of Operation
The Department of Children and Family Services shall establish and maintain a Statewide toll-free number that will be staffed from 8:30 a.m. - 5:00 p.m., Monday through Friday, excluding holidays. The phone line shall be available to all individuals within the State of Illinois to provide the history and record of licensed day care homes, group day care homes, day care agencies and day care centers.

b) Information to be Provided
1) Specific information provided by the day care information line on day care facilities closed prior to January 1, 1999 shall be:
A) date the facility was initially licensed,
B) expiration date of the last ~~current~~ license,
C) revocations, and
D) surrenders.
2) Specific information provided by the day care information line on a licensed day care facility ~~facilities~~ whose license is in effect at the time of inquiry ~~on January 1, 1999 or which becomes licensed after January 1, 1999~~ shall be:
A) date the facility was initially licensed,
B) effective date of the current license,
C) expiration date of the current license,
D) license capacity,
E) age range served,
F) revocations and pending revocations,
G) surrenders,
H) administrative orders of closure,
I)~~H~~) licensing status (i.e., pending, conditional, etc.), ~~and~~
J) whether the facility is under a protective plan pending the outcome of a licensing investigation, and
K)~~I~~) a list of substantiated complaints and Department staff findings of licensing violations since January 1, 1999 ~~for the preceding 12 months prior to the date of inquiry~~. Information on substantiated complaints and licensing violations that occurred prior to January 1, 1999 shall not be released through the day care information line. Such information is available through a Freedom of Information Act request.

c) Confidential Information
The following information shall not be released by the day care information line:
1) specific details on the substantiated complaints, licensing violations, revocations, protective plans, administrative orders of closure, or surrenders,
2) child abuse and neglect reports,
3) children's names,
4) parents' names,
5) employees' names and/or position,
6) information on any ~~complaint investigation that is currently~~

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pending ~~or--has-not-been-substantiated-by-a-Department~~ licensing investigation except for the presence of a protective plan,

~~7)~~ ~~enforcement-actions--currently--waiting--resolution--through--the appeal-process;~~

7)~~8)~~ financial information, and

8)~~9)~~ identity of the reporter of the complaint.

(Source: Amended at 24 Ill. Reg. 8508, effective July 1, 2000)

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NOTICE OF ADOPTED RULES

1) Heading of the Part: Foster Parent Code

2) Code of Citation: 89 Ill. Adm. Code 340

3)

Section Numbers:	Proposed Action:
340.10	New
340.20	New
340.30	New
340.40	New
340.50	New
340.60	New
340.70	New
340.80	New
340.90	New
340.100	New
340.110	New
340.120	New
340.130	New
APPENDIX A	New
APPENDIX B	New

4) Statutory Authority: 20 ILCS 520

5) Effective Date of Rules: July 1, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rule contain incorporations by reference? No

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: January 21, 2000 at 24 Ill. Reg. 926

10) Has JCAR issued a Statement of Objections to this rule? No

11) Differences between proposal and final version: Subsection 340.120 was changed to include that the Advisory Council may recommend and the Director may take appropriate action, up to and including placing a DCFS region on hold for cases, when a DCFS region has not submitted an annual plan, failed to correct an unacceptable plan or failed to correct deficiencies in annual plan implementation. Subsection 340.100(f) was changed to increase the timeframe for submitting revised plans from 30 days to 45 days.

12) Have all the changes agreed upon by the agency and JCAR been made as

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indicated in the agreements? Yes

13) Will this rule replace an emergency rule currently in effect? No

14) Are there any rules pending on this Part? No

15) Summary and Purpose of Rule: The rule prescribes the requirements for the annual plans for implementing the Foster Parent law [20 ILCS 520] and establishes the process for the approval and monitoring of annual plans.

16) Information and questions regarding these adopted rules shall be directed to:

Mr. Jeff E. Oswoski
Office of Child and Family Policy
Department of Children and Family Services
406 E. Monroe, Station #65
Springfield, Illinois 62703-1498
(217) 524-1983
TDD: (217) 524-3715
E-Mail: cfpolicy@idcfs.state.il.us

The full text of the adopted rule begins on the next page.

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NOTICE OF ADOPTED RULES

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER b: PROGRAM AND TECHNICAL SUPPORT

PART 340
FOSTER PARENT CODE

SUBPART A: PURPOSE, DEFINITIONS AND INTRODUCTION

Section

AUTHORITY: Implementing and authorized by the Foster Parent Law [20 ILCS 520].

SOURCE: Adopted at 24 Ill. Reg. 8515 - 3, effective JUL - 1 2000.

SUBPART A: PURPOSE, DEFINITIONS AND INTRODUCTION

Section 340.10 Purpose

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The purpose of this Part is to prescribe the requirements for the annual plans for implementing the Foster Parent Law [20 ILCS 520]. This Part also establishes the process for the approval and monitoring of the annual plans.

Section 340.20 Definitions

"Advisory Council" means the Statewide Foster Care Advisory Council established in accordance with the Statewide Foster Care Advisory Council Law [20 ILCS 525].

"Annual plan" means a plan developed to implement the requirements of the Foster Parent Law [20 ILCS 520].

"*Child welfare team" means the persons who provide child welfare services to a child under Section 5 of the Children and Family Services Act* [20 ILCS 505]. Persons on the child welfare team include the child welfare worker, the child welfare supervisor, licensed foster parents, and other providers identified in the client service plan.

"Department" means the Department of Children and Family Services.

"Director" means the Director of the Department of Children and Family Services.

"Foster parent" means a person who is licensed as a foster parent under the Child Care Act of 1969 [225 ILCS 10].

"Foster parent grievance procedure" means a procedure established by the Department or purchase of service agency to respond to and resolve foster parent complaints regarding violations of the Foster Parent Law that are not appealable under 89 Ill. Adm. Code 337 (Service Appeal Process).

"Purchase of service agency" means a licensed child welfare agency under contract with the Department to provide foster care services and to supervise licensed foster parents.

Section 340.30 Introduction

The Foster Parent Law [20 ILCS 520] establishes public policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. The Department and purchase of service agencies are responsible for developing annual plans for implementation of the law to insure that foster parents are provided with the information and support to fulfill their responsibility to fully participate as a member of the child welfare team.

SUBPART B: FOSTER PARENT RIGHTS AND RESPONSIBILITIES

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Section 340.40 Foster Parent Rights

A foster parent's rights include, but are not limited to, the following:

a) *The right to be treated with dignity, respect, and consideration as a professional member of the child welfare team.*

b) *The right to be given standardized pre-service training and appropriate ongoing training to meet mutually assessed needs and improve the foster parent's skills.*

c) *The right to be informed as to how to contact the appropriate child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care.*

d) *The right to receive timely financial reimbursement commensurate with the care needs of the child as specified in the service plan.*

e) *The right to be provided a clear, written understanding of a placement agency's plan concerning the placement of a child in the foster parent's home. Inherent in this right is the foster parent's responsibility to support activities that will promote the child's right to relationships with his or her own family and cultural heritage.*

f) *The right to be provided a fair, timely, and impartial investigation of complaints concerning the foster parent's licensure, to be provided the opportunity to have a person of the foster parent's choosing present during the investigation, and to be provided due process during the investigation; the right to be provided the opportunity to request and receive mediation or an administrative review of decisions that affect licensing parameters, or both mediation and an administrative review; and the right to have decisions concerning a licensing corrective action plan specifically explained and tied to the licensing standards violated.*

g) *The right, at any time during which a child is placed with the foster parent, to receive additional or necessary information that is relative to the care of the child.*

h) *The right to be notified of scheduled meetings and staffings concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child, including individual service planning meetings, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the child welfare agency concerning the child; the right to provide input concerning the plan of services for the child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.*

i) *The right to be given, in a timely and consistent manner, any information a case worker has regarding the child and the child's family which is pertinent to the care and needs of the child and to*

the making of a permanency plan for the child. Disclosure of information concerning the child's family shall be limited to that information that is essential for understanding the needs of and providing care to the child in order to protect the rights of the child's family. When a positive relationship exists between the foster parent and the child's family, the child's family may consent to disclosure of additional information.

j) *The right to be given reasonable written notice of any change in a child's case plan, plans to terminate the placement of the child with the foster parent, and the reasons for the change or termination in placement. The notice shall be waived only in cases of a court order or when a child is determined to be at imminent risk of harm.*

k) *The right to be notified in a timely and complete manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case; and the right to intervene in court proceedings or to seek mandamus under the Juvenile Court Act of 1987.*

l) *The right to have timely access to the child placement agency's existing appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right to appeal.*

m) *The right to be informed of the Foster Parent Hotline established under Section 35.6 of the Children and Family Services Act and all of the rights accorded to foster parents concerning reports of misconduct by Department employees, service providers, or contractors, confidential handling of those reports, and investigation by the Inspector General appointed under Section 35.5 of the Children and Family Services Act.* [20 ILCS 520/1-15]

Section 340.50 Foster Parent Responsibilities

A foster parent's responsibilities include, but are not limited to, the following:

a) *The responsibility to openly communicate and share information about the child with other members of the child welfare team.*

b) *The responsibility to respect the confidentiality of information concerning foster children and their families and act appropriately within applicable confidentiality laws and regulations.*

c) *The responsibility to advocate for children in the foster parent's care.*

d) *The responsibility to treat children in the foster parent's care and the children's family with dignity, respect, and consideration.*

e) *The responsibility to recognize the foster parent's own individual and familial strengths and limitations when deciding whether to accept a child into care; and the responsibility to recognize the foster parent's own support needs and utilize appropriate supports in providing care for foster children.*

f) *The responsibility to be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations in improving the quality of care and service to children and families.*

g) *The responsibility to assess the foster parent's ongoing individual training needs and take action to meet those needs.*

h) *The responsibility to develop and assist in implementing strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions on a foster child and all members of the foster family; and the responsibility to provide emotional support for the foster children and members of the foster family if preventive strategies fail and placement disruptions occur.*

i) *The responsibility to know the impact foster parenting has on individuals and family relationships; and the responsibility to endeavor to minimize, as much as possible, any stress that results from foster parenting.*

j) *The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and to promote the foster parenting experience in a positive way.*

k) *The responsibility to know the roles, rights, and responsibilities of foster parents, other professionals in the child welfare system, the foster child, and the foster child's own family.*

l) *The responsibility to know and, as necessary, fulfill the foster parent's responsibility to serve as a mandated reporter of suspected child abuse or neglect under the Abused and Neglected Child Reporting Act; and the responsibility to know the child welfare agency's policy regarding allegations that foster parents have committed child abuse or neglect and applicable administrative rules and procedures governing investigations of those allegations.*

m) *The responsibility to know the child welfare agency's appeal procedure for foster parents and the rights of foster parents under the procedure.*

n) *The responsibility to know and understand the importance of maintaining accurate and relevant records regarding the child's history and progress; and the responsibility to be aware of and follow the procedures and regulations of the child welfare agency with which the foster parent is licensed or affiliated.*

o) *The responsibility to share information, through the child welfare team, with the subsequent caregiver (whether the child's parent or another substitute caregiver) regarding the child's adjustments in the foster parent's home.*

p) *The responsibility to provide care and services that are respectful of and responsive to the child's cultural needs and are supportive of the relationship between the child and his or her own family; the responsibility to recognize the increased importance of maintaining a child's cultural identity when the race or culture of the foster family differs from that of the foster child; and the responsibility to take action to address these issues.* [20 ILCS 520/1-20]

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SUBPART C: REQUIREMENTS FOR FOSTER PARENT ANNUAL PLAN

Section 340.60 Content

a) Each Department region and each purchase of service agency shall prepare an annual plan for implementing the Foster Parent Law [20 ILCS 520].
b) The annual plan shall indicate how the Department region or purchase of service agency will address each of the foster parent rights and responsibilities in Sections 340.40 and 340.50.
c) The annual plan shall be developed with input from foster parents supervised by the Department region or purchase of service agency. The process for input shall be documented in the annual plan.
d) The annual plan shall summarize the public and foster parent comment on the annual plan and how the Department region or purchase of service agency responded to the comments received.
e) A purchase of service agency serving several parts of the State may submit a single annual plan if it includes documentation of foster parent involvement from each region and material that addresses the uniqueness of the programs and needs in the respective geographic regions.
f) Plans submitted shall address deficiencies noted by the Advisory Council in the prior annual plan.
g) Plans shall address implementation deficiencies related to foster parent rights and responsibilities noted in agency performance team compliance reports or reports from the Division of Quality Assurance.
h) The annual plan shall describe the agency's foster parent grievance procedures for addressing foster parent complaints regarding violations by the Department region or purchase of service agency of the Foster Parent Law in accordance with Section 340.70. The procedures shall be developed with input from foster parents.

Section 340.70 Resolution of Foster Parent Grievances

a) Each Department region and purchase of service agency shall have a procedure for addressing foster parent grievances on violations of the Foster Parent Law that are not covered by any existing appeal or grievance process.
    1) The procedure shall be developed with input from foster parents.
    2) The procedure shall provide that a decision on the grievance shall be made no later than 30 calendar days after the grievance was filed.
    3) The procedure shall identify the process for a foster parent to file a grievance.
b) Each Department region and purchase of service agency shall develop and implement a process to notify foster parents of the procedure.
c) Nothing in this Section shall abridge the appeal rights under 89 Ill. Adm. Code 336 (Appeal of Child Abuse and Neglect Investigation Findings) or 89 Ill. Adm. Code 337 (Service Appeal Process).

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Section 340.80 Public Review

a) Prior to submission of the annual plan to the Department, all foster parents supervised by the Department region or a purchase of service agency shall be notified of the availability of the proposed annual plan, how to receive copies of the proposed plan, and where to submit comments on the proposed plan. Comments from foster parents and the general public shall be accepted for at least 30 days following the notice of availability. Notification may be by letter or through the Department or agency newsletter.
b) The Department region or purchase of service agency shall make copies of its proposed annual plan available to persons upon request.

Section 340.90 Annual Plan Submission

a) The Department regions and purchase of service agencies shall submit an annual plan no later than November 30 of each year to the Department's Division of Foster Care and Permanency Services.
b) A minimum of two copies of the plan shall be submitted.

SUBPART D: REVIEW, APPROVAL, MONITORING AND REPORTING

Section 340.100 Review and Approval Process

a) The Department shall insure that appropriate staff are available to assist the Advisory Council in coordinating and conducting the evaluation of the Foster Parent Law implementation plans.
b) The Department shall conduct an annual training, before any plans are scored, for Advisory Council members about how to score plans.
c) Three members of the Advisory Council, or their designees, shall review annual plans within 90 days after submission.
d) Annual plans with an average rating of the three scores of 75 or more points on the rating scale will be recommended for acceptance by the Advisory Council.
e) The Advisory Council shall vote to accept or reject each annual plan. Approval or rejection will be determined by a majority of members of the Advisory Council present at the time of voting.
f) Annual plans that are not accepted will be returned to the Department region or purchase of service agency with an explanation of deficiencies and a request for a revised plan to be submitted to the Department's Division of Foster Care and Permanency Services within 45 calendar days. The revised plans will be given to the Advisory Council for review.
g) Annual plans that are determined acceptable will result in a letter being sent to the Department region or purchase of service agency with a list of strengths as determined by the Advisory Council and

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suggestions for improvement, if any.

Section 340.110 Monitoring

a) Implementation of annual plans shall be monitored by the Advisory Council, as necessary, through information and indicators provided by the Department, such as:
   1) Written monthly reports from agency performance teams; and
   2) Reports containing information that is germane to the agency's plan from other Department units, such as the Division of Quality Assurance and the Advocacy Office for Children and Families.

b) A copy of all information that is given to the Advisory Council about a particular region or purchase of service agency shall also be given to the region or purchase of service agency.

c) Complaints received by the Advisory Council will be referred to the appropriate Department unit, such as Licensing, the Advocacy Office for Children and Families, Quality Assurance, or the agency performance team.

Section 340.120 Reporting

a) Department regions and purchase of service agencies who have not submitted an annual plan by January 1 of each year shall be considered delinquent.
   1) Purchase of service agencies shall be reported by the Advisory Council to the Deputy Director of the Division of Foster Care and Permanency Services, who shall report to the Office of Licensing and to the Director for violation of 89 Ill. Adm. Code 401.420(g) (Licensing Standards for Child Welfare Agencies).
   2) Department regions shall be reported by the Advisory Council to the Director and to the Office of Quality Assurance for violation of the Foster Parent Law [20 ILCS 520].

b) The Advisory Council shall submit a report to the Director and to the Division of Purchase of Service Monitoring on the fifth of each month beginning in January of each year, detailing the annual plans that have been received, those that have been approved, and those that have been rejected. The monthly reports shall continue until all plans have been submitted and approved.

c) The Advisory Council may recommend and the Director may take appropriate action, up to and including refusal to issue a new contract or contract renewal for foster care services to an agency, or placement of a DCFS region on hold for cases, when an agency or DCFS region has not submitted an annual plan, has failed to correct an unacceptable plan, or has failed to correct deficiencies in annual plan implementation.

SUBPART E: SEVERABILITY OF THIS PART

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Section 340.130 Severability of this Part

If any court of competent jurisdiction finds that any rule, clause, phrase, or provision of this Part is unconstitutional or invalid for any reason whatsoever, this finding shall not affect the validity of the remaining portions of this Part.

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Section 340.APPENDIX A Outline and Minimum Requirements for Foster Parent Law Annual Plan

This Appendix lists the minimum requirements for the contents of the Foster Parent Law Annual Plan. These are presented in an outline that may be followed by Department regions and purchase of service agencies in development of the plan. Other formats are acceptable if the plan addresses each of the minimum requirements.

I. How the agency is addressing each foster parent right in the Foster Parent Law

II. How the agency is addressing each foster parent responsibility in the Foster Parent Law

III. Documentation of foster parent input into the development of the annual plan

IV. Foster parent notification

A. Documentation of notification to foster parents of availability of plan
B. Summary of foster parent comments
C. Summary of agency response to foster parent comments

V. Summary of agency response to public comments

VI. Explanation of how foster parents and other stakeholders are involved in developing and monitoring the implementation of the annual plan

VII. Summary of what worked well and response to deficiencies from prior year's plan, if applicable

VIII. Agency procedures for addressing foster parent grievances regarding violations of the Foster Parent Law and process for notifying foster parents of the availability of the grievance procedures

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Section 340.APPENDIX B Rating Components for Foster Parent Law Implementation Plans

The following identifies the rating components that will be used in evaluating the Foster Parent Law Implementation Plans. Rating components are indicated under each foster parent right and responsibility.

Unless otherwise noted, each component is worth one point. The narrative must describe how the agency or region does what each component requires in order to receive the point.

Foster Parent Rights (Explanation of how agency insures foster parent rights)

1. The right to be treated with dignity, respect, and consideration as a professional member of the child welfare team.

   The agency or region has and implements strategies to ensure that its foster parents are treated with dignity and respect
   Total - 5 points

2. The right to be given standardized pre-service training and appropriate ongoing training to meet mutually assessed needs and improve the foster parent's skills.

   Minimum standardized pre-service training per 89 Ill. Adm. Code 402 (Licensing Standards for Foster Family Homes)
   PRIDE or other DCFS approved training
   Co-training approach (foster parent/staff)
   Regular utilization of mutual assessment tool for training needs
   Training commensurate with levels of care provided
   Evidence of ongoing training schedule or calendar
   Total - 6 points

3. The right to be informed as to how to contact the appropriate child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care.

   24 hour/7 day availability of emergency support
   Established method for accessing support services (e.g., SASS, placement stabilization and staff phone numbers and on-call schedules)
   Total - 2 points

4. The right to receive timely financial reimbursement commensurate with the care needs of the child as specified in the service plan.

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Regular board payment (attached rate schedule)
Payment for additional services, such as respite care and camp
Timely assessment and payment commensurate with levels of care provided
Method of resolving payment problems
Total - 4 points

5. The right to be provided a clear, written understanding of a placement agency's plan concerning the placement of a child in the foster parent's home. Inherent in this right is the foster parent's responsibility to support activities that will promote the child's right to relationships with his or her own family and cultural heritage.

Foster parent participation in development of the case plan
Timely notification of changes in case plan/permanency goal, including method of notification
Foster parent participation/input into visitation/ communication plan
Total - 3 points

6. The right to be provided a fair, timely, and impartial investigation of complaints concerning the foster parent's licensure, to be provided the opportunity to have a person of the foster parent's choosing present during the investigation, and to be provided due process during the investigation; the right to be provided the opportunity to request and receive mediation or an administrative review of decisions that affect licensing parameters, or both mediation and an administrative review; and the right to have decisions concerning a licensing corrective action plan specifically explained and tied to the licensing standards violated.

Policy describing the agency's investigation of alleged violations and demonstration of how the agency disseminates that information to foster parents
Person of foster parent's choosing present during the investigation
Specified time frames for investigation as required by 89 Ill. Adm. Code 383
Procedure for appealing negative results/corrective action plans (NOTE: Merely stating that DCFS procedure is followed is not sufficient.)
Total - 4 points

7. The right, at any time during which a child is placed with the foster parent, to receive additional or necessary information that is relative to the care of the child.

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Caseworker training in all information to be disclosed
Description of how caseworkers are held accountable for sharing the information
Total - 2 points

8. The right to be notified of scheduled meetings and staffings concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child, including individual service planning meetings, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the child welfare agency concerning the child; the right to provide input concerning the plan of services for the child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.

Foster parents notified and encouraged to participate in all meetings and staffings about foster children in their care
Foster parents informed of decisions made by agencies and courts
Foster parents encouraged to give input into case planning and input is given full consideration
Foster parents encouraged to communicate with all child team members
Total - 4 points

9. The right to be given, in a timely and consistent manner, any information a case worker has regarding the child and the child's family which is pertinent to the care and needs of the child and to the making of a permanency plan for the child. Disclosure of information concerning the child's family shall be limited to that information that is essential for understanding the needs of and providing care to the child in order to protect the rights of the child's family. When a positive relationship exists between the foster parent and the child's family, the child's family may consent to disclosure of additional information.

A description is given to foster parents at intake, and a prescribed method of disclosing information is utilized
Ongoing sharing of information that is pertinent to the well-being and health of the child
Total - 2 points

10. The right to be given reasonable written notice of any change in a child's case plan, plans to terminate the placement of the child with

the foster parent, and the reasons for the change or termination in placement. The notice shall be waived only in cases of a court order or when a child is determined to be at imminent risk of harm.

14 day notice (not applicable for movements involving imminent risk)
Notice in writing
Appeal, including emergency review process, is given to foster parent
Total - 3 points

11. The right to be notified in a timely and complete manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case; and the right to intervene in court proceedings or to seek mandamus under the Juvenile Court Act of 1987.

Method for notifying foster parents of hearings and their right to be heard
Description of how caseworkers are held accountable for notifying foster parents
Total - 2 points

12. The right to be considered as a placement option when a foster child who was formerly placed with the foster parent is to be re-entered into foster care, if that placement is consistent with the best interest of the child and other children in the foster parent's home.

Method for checking past placement records, when possible
Process for determining best interest regarding placement decision
Total - 2 points

13. The right to have timely access to the child placement agency's existing appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right to appeal.

Documentation that an internal appeals system has been established and description of how it prohibits retaliation
Process for accessing the external DCFS appeals system, when necessary
Total - 2 points

14. The right to be informed of the Foster Parent Hotline established under Section 35.6 of the Children and Family Services Act and all of the rights accorded to foster parents concerning reports of misconduct

by Department employees, service providers, or contractors, confidential handling of those reports, and investigation by the Inspector General appointed under Section 35.5 of the Children and Family Services Act.

Training/brochures available on the Foster Parent Hotline and the Office of the Inspector General
Total - 1 point

Foster Parent Responsibilities (Explanation of how agency makes foster parents aware of and helps to achieve or meet their responsibilities)

1. The responsibility to openly communicate and share information about the child with other members of the child welfare team.

Training on type and importance
Total - 1 point

2. The responsibility to respect the confidentiality of information concerning foster children and their families and act appropriately within applicable confidentiality laws and regulations.

Initial and ongoing training on importance of confidentiality
Laws and regulations available to foster parents
Total - 2 points

3. The responsibility to advocate for children in the foster parent's care.

Educational advocacy training available
Court training available
Service appeal brochures and training available
Encouragement to participate in staffings, Administrative Case Reviews, Placement Review Teams, case conferences and court hearings
Total - 4 points

4. The responsibility to treat children in the foster parent's care and the children's family with dignity, respect, and consideration.

Initial and ongoing training on this topic
Monitoring by staff charged with case management
Total - 4 points

5. The responsibility to recognize the foster parent's own individual and familial strengths and limitations when deciding whether to accept a child into care; and the responsibility to recognize the foster parent's own support needs and utilize appropriate supports in

providing care for foster children.

Ongoing mutual assessment method
Training based on assessments
Placements based on strengths
Support needs addressed
Total - 4 points

6. The responsibility to be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations in improving the quality of care and service to children and families.

Affiliations with foster parent associations are encouraged and facilitated
Internal support groups encouraged, and information provided to foster parents
Total - 2 points

7. The responsibility to assess the foster parent's ongoing individual training needs and take action to meet those needs.

Method and tool for assessing general training needs of foster parents
Process for providing for identified needs
Total - 2 points

8. The responsibility to develop and assist in implementing strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions on a foster child and all members of the foster family; and the responsibility to provide emotional support for the foster children and members of the foster family if preventive strategies fail and placement disruptions occur.

Method of early identification of children at risk of disrupting or creating disruption in the family
Support for foster children and family members if preventive strategies fail
Training in purpose and availability of stabilization services
Total - 3 points

9. The responsibility to know the impact foster parenting has on individuals and family relationships; and the responsibility to endeavor to minimize, as much as possible, any stress that results from foster parenting.

Training/methods to recognize and minimize stress factors Respite available

"Voluntary hold" methods explained and understood
Counseling and other supports available
Total - 4 points

10. The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and to promote the foster parenting experience in a positive way.

Foster parents informed of events/activities that acknowledge and support foster parents and participation is encouraged
Training in the public relations aspect of foster parenting is made available
Total - 2 points

11. The responsibility to know the roles, rights, and responsibilities of foster parents, other professionals in the child welfare system, the foster child, and the foster child's own family.

Training and co-training with staff is required
Regular meetings with other team members are held and encouraged
Foster parents have a recognized voice within the agency's management organization (3 points)
Total - 5 points

12. The responsibility to know and, as necessary, fulfill the foster parent's responsibility to serve as a mandated reporter of suspected child abuse or neglect under the Abused and Neglected Child Reporting Act; and the responsibility to know the child welfare agency's policy regarding allegations that foster parents have committed child abuse or neglect and applicable administrative rules and procedures governing investigations of those allegations.

Training, initial and ongoing, including Sexually Abusive Children and Youth reporting responsibility
Written foster parent acknowledgment/contract
Training involving allegations against foster parents and the applicable rules and regulations that govern the investigation of the allegations
Total - 3 points

13. The responsibility to know and receive training regarding the purpose of administrative case reviews, client service plans, and court processes, as well as any filing or time requirements associated with those proceedings; and the responsibility to actively participate in the foster parent's designated role in these proceedings.

Training on the importance of participating

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Emphasis on foster parents taking an active role in planning for permanency goal through court hearings, Administrative Case Reviews, etc.
Total - 2 points

14. The responsibility to know the child welfare agency's appeal procedure for foster parents and the rights of foster parents under the procedure.

Awareness of agency's internal appeal systems and utilization
Rights of foster parents spelled out
Total - 2 points

15. The responsibility to know and understand the importance of maintaining accurate and relevant records regarding the child's history and progress; and the responsibility to be aware of and follow the procedures and regulations of the child welfare agency with which the foster parent is licensed or affiliated.

Training provided on importance of complete records
Regulations/expectations are available in writing
Agency provides folder, notebook, or case record for the storage and/or transportation of foster parent records
Total - 3 points

16. The responsibility to share information, through the child welfare team, with the subsequent caregiver (whether the child's parent or another substitute caregiver) regarding the child's adjustments in the foster parent's home.

Training on this expectation is offered
Total - 1 point

17. The responsibility to provide care and services that are respectful of and responsive to the child's cultural needs and are supportive of the relationship between the child and his or her own family; the responsibility to recognize the increased importance of maintaining a child's cultural identity when the race or culture of the foster family differs from that of the foster child; and the responsibility to take action to address these issues.

Training encouraged and made available, both initial and ongoing
Internal and external resources made accessible or available
Total - 2 points

Other Scoring Components

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1. The plan contains a description of an inclusive and representative process for involving foster parents in developing the plan - 2 points

2. The plan describes how agency case managers were involved - 2 points

3. The plan contains names of foster parents who had input into the plan - 2 points

4. The plan contains sign-off approval from foster parents - 2 points

5. The public notification requirement was met - 2 points

6. Previously identified deficiencies were addressed - 2 points

7. The plan related grievance procedure has been established with input from agency foster parents, and the plan is operational - 2 points

8. Foster parents are notified of the availability of the grievance process - 2 points

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Scientific Literacy

2) Code Citation: 23 Ill. Adm. Code 220

3)

Section Number:	Adopted Action:
220.10	Amendment
220.20	Amendment
220.30	Amendment
220.40	Amendment
220.70	Amendment

4) Statutory Authority: 105 ILCS 5/2-3.94

5) Effective Date of Amendments: June 6, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? The amendments do not contain an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: December 10, 1999; 23 Ill. Reg. 14167

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: In the introductory paragraph to Section 220.10, the capitalization has been removed from the word "Literacy".

New text has been inserted as Section 220.20(b) to reflect the statutory provision regarding services to nonpublic school teachers and students; the label for subsection (c) has thus been restored.

A new second sentence has been added into Section 220.30(a) to indicate that separate RFPs will be issued for the two types of projects funded under this program.

The word "area(s)" in Section 220.30(b) has been changed to "area or areas". A new subsection (c) has been added to Section 220.30 to indicate that each RFP will describe the required proposal format. The following text has been relabeled as subsection (d) and amended to begin, "Each proposal shall include a..."

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The requirement for certifications and assurances has become Section 220.30(e) and has been reworded. All the subsequent subsections of that Section have been relabeled and cross-references revised accordingly. The terms of the grant listed in Section 220.70 have been restored to a version that more closely resembles the form in which they were previously stated.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: This set of rules was adopted in 1991 in response to new legislation. It was written very specifically at that time, reflecting nearly every item in the agency's request for proposals for this program. As a result, staff have found it very difficult to change the program's emphasis from time to time in response to changes in the field of scientific literacy or to alter the application requirements to secure more informative material. These amendments are designed to allow for more flexibility in operating the program from year to year (within the parameters established by the legislation).

16) Information and questions regarding these adopted amendments shall be directed to:

Penny Kelly
Middle Level Education
Illinois State Board of Education
100 North First Street (E-233)
Springfield, Illinois 62777-0001
(217) 782-5728

The full text of the adopted amendments begins on the next page:

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER e: INSTRUCTION

PART 220
SCIENTIFIC LITERACY

Section
220.10 Purpose
220.20 Eligible Applicants
220.30 Application Procedure and Content
220.40 Proposal Review Criteria - Initial Applications
220.50 Proposal Review Criteria - Renewal Applications
220.60 Approval of Proposals
220.70 Terms of the Grant

AUTHORITY: Implementing and authorized by Section 2-3.94 of the School Code [105 ILCS 5/2-3.94].

SOURCE: Adopted at 15 Ill. Reg. 17073, effective November 13, 1991; amended at 24 Ill. Reg. 8536, effective JUN - 6 2000

Section 220.10 Purpose

This Part establishes ~~These--rules--establish~~ the procedure and criteria for approval of applications submitted by eligible applicants to the State Board of Education for grants to assist in establishing scientific literacy programs as authorized in Section 2-3.94 of the School Code [105 ILCS 5/2-3.94] ~~(Ill.-Rev. Stat.-1990-Supp.,-ch.-122,-par.-2-3.94)~~. "Scientific literacy ~~literacy~~" shall be understood to include:

a) The capacity to formulate questions; to seek, comprehend and use available information; and to gather and interpret data and draw logical inferences in relation to an area of investigation.

b) The ability to comprehend, ~~and~~ communicate, and apply the language, concepts, theories and practices of science, mathematics and technology in ways that promote mutual understanding, cooperative problem-solving, and shared vision.

c) The awareness that science, and mathematics, ~~--and--technology~~ are ongoing processes and growing disciplines, constantly evolving and being refined through inquiry and open-ended investigation.

d) The awareness that science, and mathematics, ~~--and--technology~~ are interdependent, and that the technology ~~tools~~ and methods of each are interrelated and mutually supportive.

e) The ability to use appropriate scientific and mathematical instruments to gain access to information, process ideas, and communicate results.

f) The understanding that science, mathematics, and technology have strengths and limitations, in both theory and application, particularly as they relate to societal and ethical issues.

(Source: Amended at 24 Ill. Reg. 8536, effective JUN - 6 2000)

Section 220.20 Eligible Applicants

a) The eligible applicants for grants issued pursuant to this Part shall be as enumerated in Section 2-3.94 of the School Code. ~~Proposals--for staff--development--grants-under-Section-2-3.94-of-The-School-Code-may be-submitted-only-by-Illinois-educational--service--centers,--Illinois colleges--and--universities,--the--Illinois--Mathematics--and--Science Academy,---and--not-for-profit--organizations--devoted--to--scientific literacy.~~

b) *Any programs or services funded by grants made under this Part may be offered to private school teachers and private school students, provided public schools have already been afforded adequate access to such programs and services.* [105 ILCS 5/2-3.94] ~~Proposals-for-pilot program-grants--under--Section--2-3.94--of--The--School--Code--may--be submitted---only--by--Illinois--school--districts--and--not-for-profit organizations-devoted-to-scientific-literacy.~~

c) Any combination of eligible entities may submit a joint proposal. A single entity must be designated as the administrative agent, and the chief executive officer of each participating entity must sign the proposal.

(Source: Amended at 24 Ill. Reg. 8536, effective JUN - 6 2000)

Section 220.30 Application Procedure and Content

a) The State Board of Education will issue a Request for Proposals (RFP) specifying the information that must be included and requiring that proposals be submitted to the State Board of Education no later than the date specified in the RFP, which shall provide at least ~~forty-five (~~ 45~~)~~ calendar days in which to submit proposals. Separate RFPs shall be issued for pilot projects and for staff development projects. The State Superintendent of Education will approve one-year projects, as well as multi-year projects that meet the criteria established for continuation. Funding for subsequent years will be contingent on the level of funding appropriated for the program and on the grantee's progress toward meeting its objectives (see Section 220.50).

b) Each RFP shall indicate the descriptive information that applicants will be required to provide about their proposed projects (e.g., needs to be addressed, goals, plan of work, means of evaluation, and plan for dissemination of results). Each RFP shall identify any area or areas of high priority for the program year. ~~Each-initial-proposal-for a-staff-development-project-must-provide-the-following:~~

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~~i) A completed form "Scientific Literacy Proposal Title Page" and an abstract of the proposal (not more than 250 words);~~

~~2) A program narrative (not to exceed 20 pages) that contains all of the following:~~

~~A) A description of the needs to be addressed by the program and how they were identified;~~

~~B) A description of the training plan, including objectives and activities that address the identified needs, the population to be served, timelines, and personnel responsible for completing the activities. Joint applications must identify the responsibilities of each participating entity;~~

~~i) Training activities shall be provided to staff of public elementary and secondary schools and, to the extent that space is available, to other elementary and secondary teachers;~~

~~ii) Proposals may include stipends, payment of substitutes, and travel reimbursement for public school personnel;~~

~~iii) Nonpublic school personnel may not receive monetary reimbursement, equipment, or services delivered on the premises of nonpublic schools;~~

~~C) Evidence from current literature that the proposed strategy has merit for addressing the needs;~~

~~D) A description of how the program will incorporate the elements of scientific literacy as set forth in the Request for Proposals;~~

~~E) A description of how the program will help teachers address the State Goals for Learning in science and/or mathematics (23 Ill. Adm. Code 210.APP. A);~~

~~F) A description of an evaluation component capable of identifying:~~

~~i) changes in teachers' knowledge of science and/or mathematics, or teachers' ability to teach science and/or mathematics effectively;~~

~~ii) changes in participating school districts, including attitudinal changes in teachers and administrators, attributable to the program; and~~

~~iii) parental and community change attributable to the program;~~

~~G) Answers to the following questions, clearly numbered to correspond to the questions:~~

~~i) How will the program provide teachers with manageable methods to fully implement new knowledge and skills in their classrooms?~~

~~ii) How will program services be coordinated with those of the regional educational service center?~~

~~iii) How will scientific literacy funds be coordinated with other funding for science and mathematics?~~

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~~iv) How will media be used to publicize the program to the educational community and the public at large?~~

c) Each RFP shall describe the proposal format that applicants will be required to follow (e.g., cover page, proposal abstract, proposal narrative, letters of intent to participate, etc.). ~~Each initial proposal for a pilot program must provide the following:~~

~~i) A completed form "Scientific Literacy Proposal Title Page" and an abstract of the proposal (not more than 250 words);~~

~~2) A program narrative (not to exceed 20 pages) which contains all of the following:~~

~~A) A description of the needs to be addressed by the program and how they were identified;~~

~~B) A description of the predicted benefit of the program to participating students from one or more school districts and their teachers. All pilot programs must include direct student participation;~~

~~C) A comprehensive description of the program's content, including objectives and activities that address the identified needs, the population to be served, timelines, and personnel responsible for completing the activities. Joint applications must identify the responsibilities of each participating entity;~~

~~D) Evidence from current literature that the program has merit in addressing the identified needs;~~

~~E) A description of how the program will incorporate the elements of scientific literacy listed in the Request for Proposals;~~

~~F) A description of how the program will address the State Goals for Learning in science and/or mathematics;~~

~~G) A description of data to be collected and analyzed to evaluate program effectiveness. Evaluation components must be capable of identifying:~~

~~i) change in student achievement and attitude attributable to the program; and~~

~~ii) school, parental and/or community change attributable to the program;~~

~~H) Answers to the following questions, clearly numbered to correspond to the questions:~~

~~i) How can the program be replicated in other areas of the state?~~

~~ii) What is unique or innovative about the program?~~

~~iii) What elements of the program can be incorporated into ongoing, locally supported scientific literacy efforts?~~

~~iv) How will scientific literacy funds be coordinated with other funding for science and mathematics?~~

~~v) How will media be used to publicize the program to the educational community and the public at large?~~

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~~d)~~ ~~All initial proposals must also include the following:~~

d) Each proposal shall include a ~~1) Budget and Fiscal Information~~ The budget summary and payment schedule, must be completed on the form provided, and a ~~.--A~~ narrative budget breakdown, i.e., a detailed explanation of each line item of expenditure~~,~~ ~~must also be provided.~~

e) Each proposal shall include a Certification and Assurances for Application and Award and a Drug-Free Workplace Certification, submitted on forms supplied by the State Board.

~~2) Certification and Assurances~~

~~The applicant shall submit the certification and assurances form attesting to the following:~~

~~A) The applicant has the necessary legal authority to apply for and to receive the proposed grant.--The filing of the application has been authorized by the governing body of the applicant, and the applicant's representative has been duly authorized to file the application, and to otherwise act as the authorized representative of the applicant in connection with the application and any award in relation thereto.~~

~~B) The activities and services for which assistance is sought under the program will be administered by or under the supervision of the applicant in accordance with the laws and regulations applicable to the contract.--No subcontractors will be used except as stated in the application.~~

~~C) In planning the program proposed in the application, there has been, and in establishing and carrying out the program, there will be (to the extent applicable to the program) participation of persons broadly representative of the cultural and educational resources of the area to be served, including persons representative of the interests of potential beneficiaries.~~

~~D) All funds provided shall be used for the purposes stated in the approved proposal.~~

~~E) The applicant understands that payment for approved services and expenses will be made on a reimbursement of claims basis, and that payment will be made in accordance with the applicable statutes, regulations and standards after an application for payment is submitted to the State Board of Education.~~

~~F) The applicant will maintain records on program and fiscal activities related to each award for a period of three (3) years for a state funded program, and five (5) years for a federally funded program, following the end of each award period. Such records shall include a fiscal accounting for all monies in accordance with generally accepted governmental accounting principles. The State Board of Education shall have the right to inspect the applicant's records for auditing and monitoring purposes. If there are outstanding audit exceptions, records will be retained on file until such exceptions are closed out to the satisfaction of the State Board of Education.~~

~~G) All rights, including copyright, to data, information, and/or other materials developed pursuant to an award are retained by the State Board of Education, unless otherwise agreed in writing by the State Board of Education. All such work products produced by the applicant through work pursuant to the award shall be made available to the State Board of Education upon request.~~

~~H) The applicant will obey all laws, regulations, and executive orders prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, and all other laws, regulations, and executive orders applicable to its activities, including but not limited to the School Code (Ill. Rev. Stat. 1989, ch. 122, par. 1-1 et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); the Illinois Human Rights Act (Ill. Rev. Stat. 1989, ch. 68, par. 1-101 et seq.); the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.); the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.); Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.; 2000e et seq.); the Public Works Employment Discrimination Act (Ill. Rev. Stat. 1989, ch. 29, par. 16.9 et seq.); and the Americans with Disabilities Act of 1990 (Public Law 101-336).~~

~~I) The applicant is not barred from entering into a contract by Section 33E-3 or 33E-4 of the Criminal Code of 1961 (Ill. Rev. Stat. 1989, ch. 38, pars. 33E-3, 33E-4).~~

~~J) The applicant is not barred from entering into a contract by Section 10.1 of the Illinois Purchasing Act (Ill. Rev. Stat. 1989, ch. 127, par. 132 10.1).~~

~~K) The applicant is not barred from entering into a contract by Section 11.1 of the Illinois Purchasing Act (Ill. Rev. Stat. 1989, ch. 127, par. 132 11.1).~~

~~L) If the applicant is an individual, the applicant is not in default on an educational loan as provided in Section 3 of the Educational Loan Default Act (Ill. Rev. Stat. 1989, ch. 127, par. 3553).~~

f)~~e)~~ Each not-for-profit applicant shall must also be required to:

1) submit either an Internal Revenue Service statement of its 501(c)(3) status, a copy of its certificate of incorporation as a not-for-profit corporation, or evidence of its acceptance as a not-for-profit organization by the U.S. Postal Service; and

2) attach a description of past involvement and present qualifications for providing educational opportunities in scientific literacy for teachers and/or students.

g)~~f)~~ Each renewal application must provide the following:

1) a summative evaluation of the preceding year's program,

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documenting the services provided and describing the degree to which the grantee achieved its stated objectives;

2) an updated narrative description of activities, timelines, evaluation procedures and the personnel to be responsible for them in the renewal year, relating the activities and objectives proposed to the evaluation results provided pursuant to subsection (g)(1) of this Section ~~(1)~~;

3) an updated Budget Summary and Payment Schedule, with a budget narrative for the renewal year; and

4) the assurances and certification form referred to in subsection (e) of this Section ~~(d)(2)~~, bearing a current signature and applicable to the renewal period.

h)~~g)~~ Incomplete proposals will not be considered for funding.

(Source: Amended at 24 Ill. Reg. 8536 - ~~=~~, effective JUN - 6 2000)

Section 220.40 Proposal Review Criteria - Initial Applications

a) It is the intent of the State Board of Education, subject to the quality of proposals received and the level of funding appropriated, to provide funds statewide.

b) Proposals submitted in response to the Request for Proposals shall be evaluated in accordance with the following criteria:

1) The proposed project's goals, objectives, and activities reflect the description of scientific literacy set forth in Section 220.10 of this Part, and the project's design will contribute to improvement in either: ~~The objective and activities meet the program specifications contained in the Request for Proposals and support its goals.~~

A) knowledge and skills of elementary and secondary teachers in the content and pedagogy of scientific literacy; or

B) students' knowledge and skills that constitute scientific literacy. (30 ~~40~~ points)~~;~~

2) The proposal incorporates appropriate elements designated in the Request for Proposals as receiving high-priority consideration. (20 ~~25~~ points)~~;~~

3) The evaluation design will provide information that can be used ~~to improve the project and~~ to judge the project's impact and will add to the research base regarding scientific literacy. ~~its success~~ (20 ~~15~~ points)~~;~~

4) The proposed project is based on well-documented needs. (15) points)

5) The proposal provides sufficient documentation to support the effectiveness of the proposed program in increasing scientific literacy, indicates how the program will be sustained when grant funds are no longer available, and includes a dissemination plan. (10 points)~~;~~ ~~and~~

6)~~5)~~ The proposed budget is cost-effective and is consistent with the scope of the objectives and activities. (5 ~~10~~ points)~~;~~

c) The State Superintendent of Education will make final determinations in accordance with the criteria set forth in this Section above.

(Source: Amended at 24 Ill. Reg. 8536 - ~~=~~, effective JUN - 6 2000)

Section 220.70 Terms of the Grant

Each RFP shall inform potential recipients of the terms and conditions that apply to their receipt and use of grant funds under this program, including the following:

a) Applicants may be asked to clarify certain aspects of their proposals. A negotiated and finalized proposal returned to the applicant, with an authorized signature affixed to the cover page, will constitute an approved grant agreement with the State Board of Education. ~~which is subject to the following terms:~~

~~a) Recipients of grant awards shall maintain records on program and fiscal activities for a period of three years following the end of the grant period; however, if there are outstanding audit exceptions, records shall be retained until such exceptions are closed out. For public school districts and Educational Service Centers, such records include fiscal accounting for all monies in accordance with 23 Ill. Adm. Code 110 (Program Accounting Manual). For other recipients, records must be maintained in accordance with generally accepted governmental accounting principles.~~

b) Orders for payment will be submitted to the Office of the Comptroller by the State Board of Education according to a negotiated payment schedule. Payments may be reduced from scheduled amounts if periodic reports show excessive cash on hand. ~~The initial payment may not exceed 50% of the project budget, and amounts requested for subsequent months shall reflect actual need. Following negotiations, contract~~

c) An approved budget ~~budgets~~ may be amended by completing an amendment to the Budget Summary Form to show the new amounts required and attaching an explanation for the changes. ~~budget summary and payment schedule form and attaching supplementary documentation showing variances and justifications.~~ A budget amendment must be submitted for approval ~~is necessary~~ whenever an individual line item changes ~~is changed~~ by more than $500 or 10%, whichever is larger. Budget amendments ~~from the approved budget. Changes~~ will be approved if the proposed distribution of resources or activities would have been approvable within the original application.

d)~~c)~~ All grants issued under this Part shall be subject to ~~governed by~~ the Illinois Grant Funds Recovery Act [30 ILCS 705]. ~~(Ill. Rev. Stat. 1989, ch. 127, par. 2301 et seq.);~~ ~~Funds granted for the operation of this program must be used exclusively for the purposes stated in the approved proposal and expended in accordance with the approved budget~~

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and the grantee's policies and procedures related to such expenditures.

d) The State Board of Education and its agents shall have complete access, during the grantee's regular hours of operation and without prior notice, to files, records and all other property maintained by the grantee pursuant to the grant agreement.

e) Subcontract Information The applicant may operate its own program or may enter into a subcontract with another not-for-profit agency to implement the program. However, all program and fiscal responsibilities are to be retained by the applicant to ensure compliance with the terms and conditions of the grant.

1) All subcontracting must be documented and must have prior approval. The following information is required if subcontracting is to be used:

A) Name and address of subcontractor(s);

B) Need/purpose for subcontracting;

C) Measurable and time specific services to be provided;

D) Associated costs, i.e., amount to be paid under the subcontract;

2) Subcontracting will be approved if the proposed activities and use of resources would have been approvable if carried out by the recipient.

f) Grant recipients must submit a final project year-end report to the State Board of Education within 30 thirty days after the ending date of the grant period project's conclusion. That report must include the following information:

1) Objectives and activities completed;

2) Resources utilized during the grant period;

3) Final evaluation of the program, including the extent to which the program proved to be a successful intervention strategy for improving scientific literacy, the program's effect on the target population, and its replicability by other agencies and/or institutions providing educational experiences in scientific literacy;

4) Planned strategies for the continued development and implementation of the program, including resources to be utilized;

5) A completed final expenditure report form;

6) A final summary of methods, data, and conclusions (as a journal style article, 2-5 pages).

g) Programs approved for multi-year funding are expected to comply with the requirements of subsection (f) of this Section at the conclusion of each funding year.

g) The time period of the grant shall run from July 1 of the calendar year of the award, or from a date to be negotiated, through August 31 of the following calendar year.

(Source: Amended at 24 Ill. Reg. 8596, effective

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1) Heading of the Part: Pharmacy Practice Act of 1987

2) Code Citation: 68 Ill. Adm. Code 1330

3)

Section Numbers:	Adopted Action:
1330.91	Amendment
1330.92	Amendment
1330.93	Amendment
1330.94	Amendment
1330.95	Amendment
1330.98	Amendment
1330.99	Amendment
1330.130	Amendment

4) Statutory Authority: Pharmacy Practice Act of 1987 [225 ILCS 85]

5) Effective Date of Amendments: June 9, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in Illinois Register: October 8, 1999, at 23 Ill. Reg. 12344.

10) Has JCAR issued a Statement of Objection to these amendments? Yes

11) Differences between proposal and final version: JCAR objected to Section 1330.85 concerning dispensing errors, believing it is not specifically authorized by statute. The Department has chosen to withdraw that section at this time.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace an Emergency Amendment currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: Sections 1330.91, 1330.92, 1330.93, and 1330.94 set forth the standards for the various divisions of pharmacies. These sections contain all or some of the following changes:

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Prescriptions currently require the "handwritten name or initial" of the registered pharmacist and/or registered pharmacy technician; these rules change that provision to require the prescription to contain the "name, initial or other unique identifier" of the person authorized to fill or refill the prescription.

The pharmacy will no longer be required to maintain a hard copy printout of refill data in the pharmacy, but shall be required to provide a hard copy of the printout within 48 hours of the request of the Department.

Currently the operation of the pharmacy is the responsibility of the pharmacist in charge; under this proposed rulemaking, the operation of the pharmacy will be a shared responsibility between the pharmacist in charge and the owner of the pharmacy.

The notification time for both the change in pharmacist in charge and the required inventory when the pharmacist in charge changes has been increased from 10 days to 30 days.

Pharmacies will be required to develop and implement a procedure to handle drug recalls.

Section 1330.98 will allow automated dispensing and storage systems to be utilized in all settings for Division I, II, IIII and V.

16) Information and questions regarding this amended part shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813 Fax: 217/782-7645

The full text of the adopted amendments begins on the next page:

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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1330
PHARMACY PRACTICE ACT OF 1987

Section
1330.05 Definitions
1330.10 Application for Certificate of Registration as a Pharmacy Technician
1330.20 Approval of Pharmacy Programs
1330.30 Graduates of Programs Not Approved Pursuant to the Provisions of Section 1330.20
1330.40 Application for Examination
1330.50 Examination for Licensure
1330.55 Application for Licensure on the Basis of Examination
1330.60 Endorsement
1330.65 Patient Counseling
1330.70 Definitions (Renumbered)
1330.75 Security Requirements
1330.80 Violations
1330.90 Divisions of Pharmacy Licenses
1330.91 Division I Pharmacies
1330.92 Division II Pharmacies
1330.93 Division III Pharmacies
1330.94 Division IV Pharmacies
1330.95 Division V Pharmacies
1330.96 Nonresident Pharmacies
1330.98 Automated Dispensing and Storage Systems
1330.99 Parenteral Product Standards
1330.100 Application for a Pharmacy License
1330.110 Granting Variances
1330.120 Renewals
1330.130 Restoration
1330.140 Continuing Education

AUTHORITY: Implementing the Pharmacy Practice Act of 1987 [225 ILCS 85] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Pharmacy Practice Act, effective August 20, 1975; amended March 8, 1977; amended at 4 Ill. Reg. 1234, effective July 11, 1980; amended at 5 Ill. Reg. 2997, effective March 11, 1981; codified at 5 Ill. Reg. 11049; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 7 Ill. Reg. 6496, effective June 30, 1983; amended at 9 Ill. Reg. 16918, effective October 23, 1985; amended at 10 Ill. Reg. 21913, effective December 17, 1986;

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transferred from Chapter I, 68 Ill. Adm. Code 330 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1330 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2957; amended at 12 Ill. Reg. 17394, effective October 14, 1988; amended at 16 Ill. Reg. 19811, effective December 7, 1992; amended at 21 Ill. Reg. 12600, effective August 29, 1997; amended at 22 Ill. Reg. 21959, effective December 1, 1998; amended at 24 Ill. Reg. 8548, effective JUN - 9 2000.

Section 1330.91 Division I Pharmacies

a) Retail pharmacies which engage in general community pharmacy practice and are open to, or offer pharmacy service to, the general public shall, in addition to any other requirements of the Act and this Part, comply with Section 1330.91. A retail pharmacy which, in addition to offering pharmacy services to the general public, provides pharmacy services to an institution or facility listed in Sections 1330.92(a) need not register as a Division II pharmacy if the sales do not exceed 49% of total sales, but the pharmacy shall comply with requirements of Sections 1330.92(b), (c) and (d).

b) Recordkeeping Requirements for Filling Prescriptions

1) Every ~~written--and--or--al~~ prescription filled or refilled shall contain the ~~handwritten~~ name, ~~or~~ initials or other unique identifier of the person authorized to practice pharmacy under the provisions of the Pharmacy Practice Act who fills or refills the prescription. Additionally, the label affixed to the drug container must indicate the name, initials or other unique identifier of the person authorized to practice pharmacy in the State of Illinois who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one ~~(1)~~ year from the date of the original issuance of the prescription by the prescriber.

2) Whenever a ~~prescription, written or oral,~~ is filled or refilled, by a registered pharmacy technician under the supervision of a pharmacist, the prescription shall contain the ~~handwritten~~ names, ~~or~~ initials or other unique identifier of both the supervising pharmacist and the registered pharmacy technician who fills or refills the prescription. Additionally, the label affixed to the drug container must indicate the initials of the pharmacy technician and pharmacist.

3) Refilling a Prescription

A) Each refilling of a prescription shall be entered on the prescription or on another appropriate, uniformly maintained, readily retrievable record, which indicates by the number of the prescription the following information:

i) The name and dosage form of the drug;

ii) The date of each refilling;

iii) The quantity dispensed;

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iv) The name or initials of the pharmacist and the pharmacy technician, if applicable, in each refilling; and

v) The total number of refills for the prescription.

B) If the pharmacist doesn't otherwise indicate in a uniformly maintained record ~~merely--dates--and-signs-or-initials-the prescription~~, he/she shall be deemed to have dispensed a refill for the full face amount of the prescription.

4) Presentation of a written prescription copy or prescription label shall be for information purposes only and has no legal status as a valid prescription order. The recipient pharmacist of the copy or prescription label shall contact the prescribing practitioner to obtain a new prescription order.

5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the uniformly maintained record ~~the-face-of--the--original prescription~~ and record the date the copy is issued, to whom issued and his/her name, initials or unique identifier ~~signature on---the---face---of---the---original--prescription~~. Copies of prescriptions shall be marked "For Information Purposes Only" and require a new prescription from the prescriber.

6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998) ~~(1988)~~, and which contain no further amendments or editions, and shall include the capability to:

A) Retrieve the original prescription order information for those prescription orders which are currently authorized for refilling;

B) Retrieve the current prescription orders which shall, at a minimum, include name of drug, date of refill, quantity dispensed, name and identification code of the manufacturer in the case of a generically written prescription or a generic interchange, name or initials of the dispensing pharmacist and technician for each refill and the total number of refills dispensed to date;

C) Supply documentation of ~~the---correctness---of~~ refill information entered ~~that-must-be-provided~~ by the pharmacist using the system by way of a hard copy printout of each day's refill data which has been verified for correctness.~~,--dated,--and--signed--by--the--dispensing--pharmacist.~~ This printout must include for each prescription filled at least the following information:

i) The name and dosage form of the drug;

ii) The date of each refilling;

iii) The quantity dispensed;

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iv) The name or initials of the pharmacist in each refilling and the pharmacy technician, if applicable;

v) The patient's name;

vi) The prescriber's name; and

vii) The prescription number for the prescription.

In lieu of the printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in the dispensing shall sign a statement each day, attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.

D) All refill data shall be maintained by the pharmacy on the premises for 5 ~~five~~ years in accordance with Section 18 of the Act. The ~~The-hard-copy-printout-required-in--subsection (C)--above--shall-be-maintained-for-two-years.--The-data-for the--remaining--three--years--shall--be--maintained--at--the pharmacy--either--by--hard--copy--printout,--microfiche---or microfilm.---If--data--is-stored-other-than-by-the-hard-copy printout,-the~~ pharmacy shall have the appropriate equipment on the premises to provide readily retrievable information in the course of an on-site inspection. A hard copy printout shall be provided to the Department upon request within 48 hours.

c) Transfer of Prescription Information

1) A prescription may be transferred between pharmacies for the purpose of original fill or refill dispensing provided that:

A) The transferor pharmacist invalidates the prescription on file and records to whom transferred, the date of issuance of such copy and the name of the transferor pharmacist issuing the transferred prescription order; and

B) The transferee pharmacist, upon receiving the prescription directly from another pharmacist, records the following:

i) The name, address and original prescription number of the pharmacy from which the prescription was transferred;

ii) All information constituting a prescription order including the following: name of the drug, original amount dispensed, date of original issuance of the prescription and number of valid refills remaining; and

C) The transferee pharmacist informs the patient that the original prescription has been cancelled at the pharmacy from which it has been transferred.

2) A prescription for Schedule III, IV and V drugs may be transferred only from original pharmacy and only one time for the

purpose of refill dispensing and may not be transferred further. However, a pharmacist who is electronically sharing real-time on line computerized systems may transfer up to the maximum refills permitted by law and the prescriber's authorization in accordance with CFR 1306.26(a).

3) Computerized systems must satisfy all information requirements of this subsection (b)~~(c)~~ ~~above~~, including invalidation of the original prescription when transferred between pharmacies accessing the same prescription records or between pharmacies of the same ownership. If those systems that access the same prescription records have the capability of cancelling the original prescription, pharmacies using such a system are exempt from the requirements of this subsection (c) if the transferred prescription can always be tracked to the original prescription order from the prescribing practitioner and the original prescription can be produced.

d) Staffing of the Pharmacy

1) Whenever the hours of the pharmacy (prescription department) differ from those of the establishment in which the pharmacy is located, there shall be compliance with the following:

A) The schedule during which the practice of pharmacy is carried on in the pharmacy shall be conspicuously displayed.

B) Whenever an establishment housing a pharmacy is open and a pharmacist is not present and available to provide pharmaceutical services as defined in Section 3 of the Act, a sign shall be conspicuously displayed stating in all capital letters: PHARMACIST NOT ON DUTY; STATE LAW PROHIBITS FILLING OF PRESCRIPTIONS IN THE ABSENCE OF A PHARMACIST.

C) No prescription may be dispensed when a pharmacist is not physically present in the establishment and on duty.

2) The pharmacy must provide pharmaceutical services, as defined in Section 3 of the Act, to the public a minimum of 40 hours per week. A pharmacy is considered providing Pharmaceutical Services when a pharmacist is physically present in the establishment and available for consultation.

e) Pharmacist-in-Charge

1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist shall be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:

A) Supervision of all activities of all employees as they relate to the practice of pharmacy;

B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed as set forth in Section 1330.75; and

C) Establishment and supervision of the recordkeeping system

for the purchase, sale, delivery, possession, storage and safekeeping of drugs.

2) The operations of the pharmacy ~~are--the--responsibility--of--the pharmacist-in-charge,~~ and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.

3) Within 30 ~~ten---(10)~~ days after ~~of~~ the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) In addition to notifying the Department within 30 ~~10~~ days, the departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:

A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and

B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of ~~five-(~~ 5~~)~~ years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge, shall be submitted to the Department of Professional Regulation, at its principal office, within 30 ~~ten---(10)~~ days after ~~of~~ the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the information required in subsections (e)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based on the recommendation of the Board.

7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department, because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:

A) Provide such information as may be necessary; and/or

B) Explain such relevance or completeness during an oral interview; or

C) Appear for an oral interview before the Board when the information available to the Board is insufficient to evaluate compliance with this Section.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons or medical devices except for:

1) Medical devices which can be properly sanitized prior to reuse, resale or rerent; and

2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeia (U.S.P)/National Formulary or by the United States Pharmacopoeial Convention, Inc.

g) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

h) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

i) The development and implementation of a procedure to be utilized in the event of a drug recall that can be readily activated to assure that all drugs included on the recall are returned to the pharmacy for proper disposition.

(Source: Amended at 24 Ill. Reg. 8548 - 3, effective JUN - 9 2000)

Section 1330.92 Division II Pharmacies

a) Pharmacies which are not located in the facilities they serve and whose primary service is to provide services to patients or residents of facilities licensed under the Nursing Home Care Reform Act of 1979 or the Hospital Licensing Act, or the University of Illinois Hospital Act shall, in addition to any other requirements of the Act and this Part, comply with this Section.

b) Recordkeeping Requirements for Filling Prescriptions or Orders

1) Every ~~written-and-oral~~ prescription or order dispensed shall be documented with the handwritten names, ~~or~~ initials or other unique identifier of the pharmacist (and technician if one is used) authorized to practice pharmacy under the provisions of the Act who dispenses the prescription or order. For purposes of the Act, an authorized person is:

A) A pharmacist licensed in the State of Illinois, or

B) A registered pharmacy technician or registered student pharmacist, under the supervision of a pharmacist.

2) Each pharmacy must maintain a recordkeeping system for ~~five-(~~ 5~~)~~ years, which contains the information in subsection (b)(3) below. This information shall be readily retrievable and in a format which provides enforcement agents a concise, accurate and comprehensive method of monitoring drug distribution via an audit trail. This system may require two or more documents which, when read together, will provide all the information required by federal (e.g., the regulations of the Drug Enforcement Administration, 21 CFR 1300 et seq. (1998)~~(1988)~~) and state law (e.g., the Pharmacy Practice Act of 1987 and the Illinois Controlled Substances Act).

3) In addition to the above recordkeeping requirements, a uniformly

maintained, readily retrievable hard copy record or back-up documentation of each prescription or order dispensed shall be maintained by the pharmacy for ~~five-(~~ 5~~)~~ years and shall include:

A) Name of resident;

B) Date of order;

C) Name, strength and dosage form of drug, or description of the medical device ordered;

D) Quantity dispensed (a separate record should be maintained when the quantity billed differs from the quantity dispensed e.g., unit dose transfer systems);

E) Directions for use;

F) Quantity billed;

G) Prescriber's name;

H) Prescriber's signature and/or DEA number where required for controlled substances; and

I) The drug name and identification code or the manufacturer in case of a generically ordered medication or a generic interchange.

4) The label affixed to the drug container must indicate the initials or other unique identifier of the pharmacist who approves the dispensing of the medication order. However, if the pharmacy is utilizing a drug distribution system which re-issues the same label, a separate record must be maintained which identifies the pharmacist approving each dispensing of the prescription or medication order.

5) No prescription may be filled or refilled for a period in excess of one ~~(1)~~ year from the date of the original issuance of the prescription or order by the prescriber.

6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a:

A) computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998) ~~(1988)~~, and which contain no further amendments or editions, and shall include the capability to:

iA) Retrieve the original medication order information for those medication orders which are currently authorized;

iiB) Retrieve the current history of medication orders which shall, at a minimum, include the name of drug, the date of filling, the quantity dispensed, the name and identification code of manufacturer in the case of a generically written prescription or a generic interchange, for each filling, and the total number of refills when read in conjunction with any off-line hard copy of the history of medication orders dispensed to date; and

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iii~~e~~) Supply documentation of the correctness of filling information entered into a system must be provided by the pharmacist using the system by way of a hard copy printout of each day's filling data which has been verified, dated and signed by the dispensing pharmacist~~;~~ or~~:~~

B) bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The a book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.

c) In the event the Long Term Care Facility changes pharmacy provider services, their new provider must obtain the orders from the Long Term Care Facility and verify the authenticity and accuracy of the orders with the prescriber.

d) Staffing of the Pharmacy
   1) When the pharmacy is closed, the public and any employees not registered under the Act are to be prohibited access to the filling and dispensing area;
   2) The pharmacy must provide pharmaceutical services as defined in Section 3 of the Act a minimum of 40 hours per week. A pharmacy is considered to be providing pharmaceutical services when a pharmacist is on call and available for consultation.

e) Pharmacist-in-Charge
   1) No pharmacy shall be granted a certification of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
      A) Supervision of all activities of all employees as they relate to the practice of pharmacy;
      B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed, as set forth in Section 1330.75; and
      C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.
   2) The operations of the pharmacy ~~are--the--responsibility--of--the pharmacist-in-charge,~~ and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.
   3) Within 30 ~~ten---(10)~~ days after ~~of~~ the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

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   4) The departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:
      A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
      B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.
   5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of ~~five-(5)~~ years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge, shall be submitted to the Department, at its principal office, within 30 ~~ten-(10)~~ days after ~~of~~ the change in the pharmacist-in-charge.
   6) Failure on the part of a registrant to provide the information required in subsections (e)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based upon the recommendation of the Board.
   7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department, because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
      A) Provide such information as may be necessary; and/or
      B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies of conflicts in information.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons, or medical devices except for:
   1) Medical devices which can be properly sanitized prior to reuse, resale or rerent; and
   2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeial (U.S.P.)/National Formulary, or by the United States Pharmacopeial Convention, Inc.

g) Labeling Requirements
   1) Medications For Future Use
      A) Parenteral solutions to which a drug ~~drug(s)~~ or diluent has been added or which are not in their original manufacturer's packaging, shall contain the following information on the outer label:
         i) Name, concentration and volume of the base parenteral

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solution;

ii) Name and strength of drugs ~~drug(s)~~ added;

iii) Expiration date and date of the admixture. Expiration date, unless otherwise specified in the individual compendia monograph, or beyond use date, shall be not later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal (e.g., the federal Drug Administration Act) or U.S.P. requirements, whichever is earlier; and

iv) Reference code to identify source and lot number of drug(s) added.

B) Non-Parenterals repackaged for future use, shall be identified with the following information:

i) Trade and/or generic name;

ii) Strength (if applicable);

iii) Expiration date. Unless otherwise specified in the individual monograph, the expiration date or beyond use date, shall be not later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal or U.S.P. requirements, whichever is earlier; and

iv) Reference code to identify source and lot number.

2) Medications prepared for Immediate Use

A) All medications prepared by the pharmacy for immediate dispensing to a specific resident or patient in the facility shall be dispensed in a container identified with:

i) Name of the resident;

ii) Resident's room and bed number;

iii) Dispensing date;

iv) Name, strength and dosage form of drug, or description of the medical device ordered;

v) Quantity dispensed;

vi) Directions for use;

vii) Prescriber's name; and

viii) Expiration date if less than 60 days from date of dispensing.

B) Pharmacies dispensing medications to a specific resident or patient in the facility via unit dose shall label each order with the following information:

i) Name of the resident;

ii) Resident's room and bed number;

iii) Date of order;

iv) Name, strength and dosage form of drug, or description of the medical device ordered;

v) Directions for use; and

vi) Prescriber's name.

h) Pharmacies that compound and dispense parenteral products shall comply

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with Section 1330.99 of this Part.

i) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 24 Ill. Reg. 8548 ~~7~~ effective JUN - 9 2000)

Section 1330.93 Division III Pharmacies

a) Pharmacies which are located in facilities licensed under the Nursing Home Care Reform Act of 1979, the Hospital Licensing Act, or the University of Illinois Hospital Act, or are operated by the Department of Human Services ~~Mental Health and Disabilities~~ or the Department of Corrections, and which provide pharmacy services to residents, patients, employees, prescribers and students of these facilities, shall, in addition to other requirements of the Act and this Part, comply with this Section.

b) Recordkeeping Requirements

1) Every prescription or drug order filled or refilled shall contain the name, ~~or~~ initials or other unique identifier of the pharmacist (and technician if one is used) who fills or refills the prescription or drug order, or the name, ~~or~~ initials or other unique identifier may be recorded on another appropriate, uniformly maintained and readily retrievable record which indicates, at least, the following information:

A) The name and dosage form of the drug;

B) The date of filling or refilling; and

C) The quantity dispensed.

2) The label affixed to the drug container of any prescription to a non-inpatient of the facility or institution must indicate the initials or other unique identifier of the pharmacist (and technician if one is used) who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one ~~(1)~~ year from the date of the original issuance of the prescription by the prescriber.

3) The pharmacist-in-charge shall maintain or have access to the following records for at least ~~five (~~ 5~~)~~ years or as otherwise required by law:

A) Records of medication orders and medication administration to patients;

B) Procurement records for controlled substances;

C) Records of packaging, bulk compounding or manufacturing; and

D) Records of actions taken pursuant to drug recalls.

c) Labeling Requirements

1) All medication repackaged by the pharmacy for future use inside the institution or facility and not intended for immediate dispensing to a specific patient shall be identified with the following information:

A) Single dose or multi-dose drugs, except parenteral solutions to which a drug ~~drug(s)~~ has been added, shall be labeled with:
   i) Trade and/or generic name;
   ii) Strength (if applicable);
   iii) Expiration date; and
   iv) Reference code to identify source and lot number.
B) Parenteral solutions to which drugs have been added shall contain on the outer label:
   i) Name, concentration and volume of the base parenteral solution;
   ii) Name and strength of drugs ~~drug(s)~~ added;
   iii) Expiration date and time of the admixture; and
   iv) Reference code to identify source and lot number of drugs added.

2) All medication prepared by the pharmacy for immediate dispensing to a specific patient or resident in the institution or facility shall be identified with the following information:
   A) Single dose or multi-dose drugs, except parenteral solutions to which a drug ~~drug(s)~~ has been added, shall be identified with:
      i) Trade and/or generic name; and
      ii) Strength (if applicable).
   B) Parenteral solutions to which drugs have been added shall be identified with:
      i) Name, concentration and volume of the base parenteral solution;
      ii) Name and strength of drugs ~~drug(s)~~ added; and
      iii) Expiration date and time of the admixture.
   C) All medication dispensed to a specific patient in the institution shall be dispensed in a container identified with the name of the patient and the patient's location. Those institutions or facilities utilizing unit-dose and medication cart system may identify the name of the patient and the patient's location on the outside of the bin of the medication cart, when those carts are filled by the pharmacy.
3) Labels on all medications dispensed by the pharmacy for immediate dispensing to a discharge patient, emergency room patient and/or employee shall contain the following:
   A) The name and dosage form of the drug;
   B) The date filled;
   C) The quantity dispensed; and
   D) The name or initials of the pharmacist and the pharmacy technician, if applicable, in each refilling.
4) Investigational New Drugs, authorized by the United States Food and Drug Administration, shall be dispensed pursuant to a valid prescription order of the principal physician-investigator or his

authorized clinician. All investigational drugs shall be stored in and dispensed from the pharmacy and shall be identified with the following information:
   A) Name of drug and strength (if applicable);
   B) Expiration date;
   C) Reference code to identify source and lot number;
   D) A label indicating "For Investigational Use Only"; and
   E) Name and location of the patient. Those institutions or facilities utilizing unit-dose and medication cart system may identify the name of the patient and the patient's location on the outside of the bin of the medication cart, when those carts are filled by the pharmacy.
5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the face of the original prescription and record the date the copy is issued, to whom issued, and his signature on the face of the original prescription. Copies of prescriptions shall be marked "For Information Purposes Only" and require prescriber authorization to fill.

d) Staffing of the Pharmacy
   1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
      A) Supervision of all the activities of all employees as they relate to the practice of pharmacy;
      B) Establishment and supervision of the method and manner for storage, dispensing and safekeeping of pharmaceuticals in all areas of the institution or facility, including maintenance of security provisions to be used when the pharmacy is closed. The following security provisions shall be utilized:
         i) The pharmacy shall be staffed at all times by a registered pharmacist during open hours; and
         ii) There shall be no public access to the pharmacy, except as provided in Section 1330.93(e)(1);~~.~~
      C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs;
      D) The development and implementation of a procedure to be utilized in the event of a drug recall which can be readily activated to assure that all drugs included on the recall are returned to the pharmacy for proper disposition;
      E) Establishment of specifications for the procurement of all drugs which will be dispensed by the pharmacy; and
      F) Establishment and supervision of a method of documenting an oral prescription from a licensed physician to a pharmacist

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and for transmission of that information to the appropriate members of the nursing staff of the institution or facility.

2) The operations of the pharmacy and the maintenance of security provisions are the responsibility of the pharmacist-in-charge whether the owner is a sole proprietor, partnership, association, corporation or any other entity.

3) Within 30 ~~ten---(10)~~ days after ~~of~~ the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) The departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substance:
   A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
   B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of ~~five-(~~ 5~~)~~ years. An affidavit attesting to the completion and preservation of the inventory record bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge shall be submitted to the Department of Professional Regulation, at its principal office, within 30 ~~ten (10)~~ days after ~~of~~ the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the affidavit required in subsections (d)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based on the recommendation of the Board.

7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
   A) Provide such information as may be necessary; and/or
   B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies of conflicts in information.

8) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale dispensed medications, chemicals, poisons or medical devices except for:
   A) Medical devices which can be properly sanitized prior to reuse, resale or rerent; and
   B) Medications that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined

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by a current United States Pharmacopoeia/National Formulary published by the United States Pharmacopoeial Convention, Inc.

e) Medication Dispensing in the Absence of a Pharmacist -- the availability of necessary medications for immediate therapeutic use during those hours when the institutional pharmacy is not open shall be met in the following manner:
   1) An after-hour cabinet, which is a locked cabinet or other enclosure located outside of the pharmacy area containing a minimal supply of the most frequently required medication, may be utilized provided that only personnel specifically authorized by the institution in which the pharmacy is located may obtain access and it is sufficiently secure to deny access to unauthorized persons. After-hour cabinets shall only be used in the absence of a pharmacist. When medication is removed from the cabinet or enclosure, written physician's orders authorizing the removal of the medication shall be placed in the cabinet or enclosure. A log shall be maintained within the cabinet or enclosure and authorized personnel removing medication shall indicate on the log the signature of the authorized personnel removing the medication, name of the medication removed, the strength (if applicable), the quantity removed and the time of removal.
   2) Emergency kits containing those drugs which may be required to meet the immediate therapeutic needs of the patient, and which are not available from any other source in sufficient time to prevent risk of harm to patients by delay resulting from obtaining the drugs from the other source, may be utilized. Emergency kits shall be supplied and maintained under the supervision of a pharmacist. Drugs shall be removed from emergency kits only by authorized pharmacy personnel, persons authorized to administer medication pursuant to a valid physician's order or a physician licensed to practice medicine in all of its branches in Illinois. Emergency kits shall be sealed in some manner which will indicate when the kit has been opened. A label shall be affixed to the outside of the emergency kit indicating the expiration date of the emergency kit. The expiration date of the emergency kit shall be the earliest expiration date of any drug contained in the kit. After an emergency kit has been used or upon discovery that the seal has been broken or upon the occurrence of the expiration date, the kit shall be returned to the pharmacy to be checked and/or restocked.
   3) Whenever any drug is not available from night cabinets or emergency kits, and the drug is required to treat the immediate needs of a patient, the drug may be obtained from the pharmacy in sufficient quantity to meet the immediate need by an authorized nurse. When medication is removed from the pharmacy by an

authorized nurse, a copy of the physician's order authorizing the removal of said medication shall be conspicuously placed in the pharmacy with the container from which the drug was removed so that it will be found by a pharmacist and checked promptly. A form shall be available in the pharmacy upon which shall be recorded the signature of the authorized nurse who removed the medication, the name, strength (if applicable) and quantity of medication removed.

4) Drugs may be dispensed from the emergency room only by a practitioner licensed to prescribe and dispense, and only to patients treated in the institution. This shall occur only during hours in which outpatient institutional pharmacy services are not available. The quantity dispensed should be limited to no more than a 24 hour supply, except for unit use packages (e.g., inhalers, opthalmics, otics, etc.) to meet the immediate needs of the patient until pharmacy services are available. Drugs dispensed in this manner must meet all labeling requirements pertaining to Division I pharmacies as specified in Section 1330.91. There shall be written policies and procedures, approved by the medical staff, regarding the dispensing of drugs from the emergency room.

f) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

g) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 24 Ill. Reg. 8548, effective JUN - 9 2000)

Section 1330.94 Division IV Pharmacies

a) Pharmacies which provide and/or offer for sale radiopharmaceuticals shall in addition to any other requirements of the Act and this Part comply with Section 1330.94 of this Part.

b) Prior to issuance of a Division IV pharmacy license:

1) The pharmacy shall provide a copy of their Illinois Radioactive Material License issued by the Illinois Department of Nuclear Safety in accordance with the Radiation Protection Act [420 ILCS 40] ~~{Ill. Rev. Stat. 1991, ch. 111 1/2, par. 211 et seq.}~~.

2) The Department shall conduct an on-site inspection of the facility.

c) The pharmacy shall have:

1) Space commensurate with the scope of services provided, but at least 300 square feet; and

2) Radioactive storage and product decay facility, separate from and exclusive of the "hot" laboratory, compounding, dispensing quality assurance and office areas.

d) Each Division IV Pharmacy shall have the following equipment:

1) Laminar Flow Hood;
2) Fume Hood - minimum of 30 inches in height, which shall be vented through a filter with a direct outlet to the outside;
3) Dose Calibrator;
4) Refrigerator;
5) Class A prescription balance or a balance of greater sensitivity;
6) Single-channel or multi-channel gamma scintillation counter;
7) Microscope;
8) Low level, thin-window portable radiation survey meter;
9) Drawing station - lead glass and lead lined;
10) Syringe shields; and
11) Energy Compensated Geiger Mueller (GM) Probe or ion chamber.

e) Each Division IV Pharmacy shall have the following reference texts available:

1) The current edition or revision of the United States Pharmacopoeia - Dispensing Information;
2) The current edition or revision of the United States Pharmacopoeia/National Formulary;
3) State and federal regulations governing the use of applicable radioactive material; and
4) United States Public Health Service, Radiological Health Handbook.

f) Pharmacist-in-Charge

1) Designation as a Division IV pharmacy shall only be granted if the pharmacist-in-charge is a nuclear pharmacist meeting the requirements set forth in subsection (i). No registered pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of the pharmacist-in-charge shall include:

A) Supervision of all the activities of all employees as they relate to the practice of nuclear pharmacy;

B) Establishment and supervision of the recordkeeping system for the purchase, acquisition, disposition, sale, delivery, possession, storage and safekeeping of radiopharmaceuticals; and

C) Establishment and maintenance of security provisions, which shall include the following:

i) There shall be no public access to the pharmacy hot lab/dispensing area; and

ii) In the absence of a nuclear pharmacist all radiopharmaceuticals shall be locked and accessible only to a nuclear pharmacist or an individual under direct supervision of the pharmacist; except, a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals may have access to radiopharmaceuticals in the absence of a nuclear pharmacist.

2) Within 30 ~~10~~ days after ~~of~~ the change of a pharmacist-in-charge,

the Department shall be so notified in writing by the departing pharmacist-in-charge.

g) Dispensing Radiopharmaceuticals
   1) A radiopharmaceutical shall be dispensed only upon a prescription order from a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals.
   2) No radiopharmaceutical shall be dispensed in the absence of a nuclear pharmacist except, a licensed medical practitioner authorized to possess, use, dispense, and administer radiopharmaceuticals may dispense in the absence of a nuclear pharmacist.
   3) The amount of radioactivity in a preparation for dispensing shall be determined by radiometric methods for each individual preparation at the time of preparation, and calibrated for the anticipated time of administration.

h) Labeling Requirements
   1) In addition to the labeling requirements of pharmaceuticals, as stipulated in the Act, the immediate outer container of a radioactive drug, diagnostic agent or device to be dispensed shall also be labeled to include:
      A) The standard radiation symbol;
      B) The words, "Caution-Radioactive Material";
      C) The name of the radionuclide;
      D) The name of the chemical form;
      E) The amount of radioactive material contained, in millicuries or microcuries, in the container contents at the time of calibration;
      F) If the container contents are in liquid form, the volume in milliliters;
      G) The requested calibration time for the amount of radioactivity contained;
      H) The prescription number; and
      I) The name or initials of the nuclear pharmacist filling the prescription.
   2) The immediate container shall be labeled with:
      A) The standard radiation symbol;
      B) The words, "Caution-Radioactive Material";
      C) The name and address of the pharmacy;
      D) The prescription number;
      E) Name of radionuclide; and
      F) Name of chemical form.

i) Nuclear Pharmacist Requirements--A nuclear pharmacist who serves as the pharmacist-in-charge of a Division IV pharmacy and all other pharmacists employed in the pharmacy shall provide evidence to the Department of the following:
   1) Licensure as a Pharmacist in the State of Illinois; and
   2) That he/she is named as an authorized user or works under the supervision of a pharmacist who is named as an authorized user on

a commercial nuclear pharmacy license issued by the Illinois Department of Nuclear Safety or in the case where a nuclear pharmacist, who works under a broad medical license at a university or research hospital, has been approved as a user by that institution's radiation safety committee in accordance with conditions of the license issued by the Illinois Department of Nuclear Safety.

j) Nothing in this Part shall prohibit the operation of a nuclear medicine laboratory or any other department which is operated under the direct supervision of a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals.

(Source: Amended at 24 Ill. Reg. 8548-5 effective JUN - 9 2000)

Section 1330.95 Division V Pharmacies

a) Pharmacies Required to Hold Division V Licenses
   1) Pharmacies which are located in or provide service to ambulatory care facilities, schools of veterinary medicine or other institutions or facilities. In addition to other requirements of the Act and this Part, these pharmacies shall comply with this Section.
   2) Pharmacies that hold Division II licenses and provide pharmacy services to the general public. In addition to other requirements of the Act and Rules, these pharmacies shall comply with Section 1330.92 and this Section.
   3) Pharmacies that hold Division III licenses and provide pharmacy services to the general public. In addition to other requirements of the Act and Rules, these pharmacies shall comply with Section 1330.93 and this Section.

b) Recordkeeping Requirements for Filling Prescriptions
   1) Every ~~written-and-oral~~ prescription filled or refilled shall contain the handwritten name, ~~or~~ initials or other unique identifier of the person authorized to practice pharmacy under the provisions of the Act who fills or refills the prescription. Additionally, the label affixed to the drug container must indicate the name, initials or other unique identifier of the person authorized to practice pharmacy in the State of Illinois who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one ~~(1)~~ year from the date of the original issuance of the prescription by the prescriber.
   2) Whenever a prescription, written or oral, is filled or refilled, by a registered pharmacy technician under the supervision of a pharmacist, the same shall contain the ~~handwritten~~ names, ~~or~~ initials or other unique identifier of both the supervising pharmacist and the registered pharmacy technician who fills or

refills the same. Additionally, the label affixed to the drug container must indicate the same initials.

3) Refilling a Prescription
   A) Each refilling of a prescription shall be entered on the prescription or on another uniformly maintained, readily retrievable record, which indicates by the number of the prescription the following information:
      i) The name and dosage form of the drug;
      ii) The date of each refilling;
      iii) The quantity dispensed;
      iv) The name or initials of the pharmacist and the pharmacy technician, if applicable, in each refilling; and
      v) The total number of refills for the prescription.
   B) If the pharmacist doesn't otherwise indicate in a uniformly maintained record ~~merely--dates--and-signs-or-initials-the prescription~~, he shall be deemed to have dispensed a refill for the full face amount of the prescription.
4) Presentation of a written prescription copy or prescription label shall be for information purposes only and has no legal status as a valid prescription order. The recipient pharmacist of the copy or prescription label shall contact the prescribing practitioner to obtain a new prescription order.
5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the face of the original prescription and record the date the copy is issued, to whom issued, and his/her signature on the face of the original prescription. Copies of prescriptions shall be marked "For Information Purposes Only", and may neither be filled nor refilled.
6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998)~~(1988)~~, and which contain no further amendments or editions, and shall include the capability to:
   A) Retrieve the original prescription order information for those prescription orders which are currently authorized for refilling;
   B) Retrieve the current prescription orders which shall, at a minimum, include name of drug, date of refill, quantity dispensed, name and identification code of the manufacturer in the case of a generically written prescription or a generic interchange, name or initials of the dispensing pharmacist and technician for each refill, and the total number of refills dispensed to date;
   C) Supply documentation of the correctness of refill

information entered into a system must be provided by the pharmacist using the system by way of a hard copy printout of each day's refill data which has been verified, dated and signed by the dispensing pharmacist. This printout must include for each script refilled at least the following information:
      i) The name and dosage form of the drug;
      ii) The date of each refilling;
      iii) The quantity dispensed;
      iv) The name or initials of the pharmacist in each refilling and the pharmacy technician, if applicable;
      v) The patient's name;
      vi) The prescriber's name; and
      vii) The prescription number for the prescription.

   In lieu of a printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.
   D) All refill data shall be maintained by the pharmacy on the premises for 5 years in accordance with Section 18 of the Act. The ~~The-hard-copy-printout-required-in-subsection--(C) above--shall--be--maintained--for-2-years.--The-data-for-the remaining-3-years-shall-be-maintained-at-the-pharmacy-either by-hard-copy-printout,-microfiche-or-microfilm.--If-data--is stored--other--than--by-the-hard-copy-printout,-the~~ pharmacy shall have the appropriate equipment on the premises to provide readily retrievable information in the course of an on-site inspection. A hard copy printout shall be provided to ~~upon--request--by~~ the Department upon request within 48 hours.

c) Transfer of Prescription Information
   1) A prescription may be transferred between pharmacies for the purpose of original fill or refill dispensing provided that:
      A) The transferor pharmacist invalidates the prescription on file and records to whom transferred, the date of issuance of the copy and the name of the transferor pharmacist issuing the transferred prescription order; and
      B) The transferee pharmacist, upon receiving the prescription directly from another pharmacist, records the following:
         i) The name, address and original prescription number of the pharmacy from which the prescription was transferred;
         ii) All information constituting a prescription order

including the following: name of drug, original amount dispensed, date of original issuance of the prescription and number of valid refills remaining; and

C) The transferee pharmacist informs the patient that the original prescription has been cancelled at the pharmacy from which it has been transferred.

2) A prescription for Schedule III, IV and V drugs may be transferred from original pharmacy one time for the purpose of refill dispensing and may not be transferred further. However, a pharmacist who is electronically sharing real-time on line computerized systems may transfer up to the maximum refills permitted by law and the prescriber's authorization in accordance with CFR 1306.26(a).

3) Computerized systems must satisfy all information requirements of subsection (c) above, including invalidation of the original prescription when transferred between pharmacies accessing the same prescription records or between pharmacies of the same ownership. If those systems that access the same prescription records have the capability of cancelling the original prescription, pharmacies using such a system are exempt from the requirements of subsection (c) if the transferred prescription can always be tracked to the original prescription order from the prescribing practitioner and the original prescription can be produced.

d) Staffing of the Pharmacy

1) Whenever the hours of the pharmacy (prescription department) differ from those of the establishment in which the pharmacy is located, there shall be compliance with the following:

A) The schedule during which the practice of pharmacy is carried on in such pharmacy shall be conspicuously displayed.

B) When the pharmacy is closed, the public and any employees not registered under the Act are to be prohibited access to the area.

C) Whenever an establishment housing a pharmacy is open and a pharmacist is not present and available to provide pharmaceutical services as defined in Section 3 of the Act, a sign shall be conspicuously displayed stating in all capital letters: PHARMACIST NOT ON DUTY; STATE LAW PROHIBITS FILLING OF PRESCRIPTIONS IN THE ABSENCE OF A PHARMACIST.

D) No prescription may be dispensed when a pharmacist is not physically present in the establishment and on duty.

2) The pharmacy must provide pharmaceutical services, as defined in Section 3 of the Act, to the public a minimum of 40 hours per week. A pharmacy is considered providing Pharmaceutical Services when a pharmacist is physically present in the establishment and

available for consultation.

e) Pharmacist-in-Charge

1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:

A) Supervision of all the activities of all employees as they relate to the practice of pharmacy;

B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed, as set forth in Section 1330.75; and

C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.

2) The operations of the pharmacy ~~are--the--responsibility--of--the pharmacist-in-charge,~~ and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.

3) Within 30 ~~ten---(10)~~ days after ~~of~~ the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) In addition to notifying the Department within 30 ~~10~~ days, the departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:

A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and

B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) Such inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of ~~five-(~~ 5~~)~~ years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge, shall be submitted to the Department of Professional Regulation, at its principal office, within 30 ~~ten--(10)~~ days after ~~of~~ the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the information required in subsections (e)(3), (4) and (5) above shall be grounds for denying licensure application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based on the recommendation of the Board in accordance with Sections 30-39 of the Act and 68 Ill. Adm. Code 1110.

7) When the accuracy, relevance or completeness of any submitted documentation is questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
   A) Provide such information as may be necessary; and/or
   B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies or conflicts in information.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons or medical devices except for:
   1) Medical devices that can be properly sanitized prior to reuse, resale or rerent; and
   2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeia (U.S.P.)/National Formulary or by the United States Pharmacopoeial Convention, Inc.

g) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

h) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 24 Ill. Reg. 8548, effective JUN - 9 2000)

Section 1330.98 Automated Dispensing and Storage Systems

a) This Section sets forth standards for Divisions I, II, III and V pharmacies whose practice includes the use of automated dispensing and storage systems. ~~Such systems shall only be used in health care facilities licensed under the Hospital Licensing Act, Nursing Home Care Act, the University of Illinois Hospital Act, or facilities operated by the Illinois Department of Corrections or Department of Human Services.~~ Automated dispensing and storage systems shall not be used in Division IV pharmacies.

b) Definitions
"Automated Dispensing and Storage Systems" include, but are not limited to, mechanical systems that perform operations or activities, other than counting, compounding, or administration, relative to the storage, packaging or dispensing of medications, and that collect, control, and maintain all transaction information.

c) Automated Dispensing and Storage Systems
   1) Automated dispensing and storage systems may be utilized in Division I, Division II, Division III and Division V licensed pharmacies.
   2) When automated dispensing systems are used in health care facilities licensed under the Hospital Licensing Act, Nursing Home Care Act, the University of Illinois Hospital Act, or facilities operated by the Illinois Department of Corrections or Department of Human Services, only ~~Only~~ persons properly licensed under Illinois laws who have authority to administer medications or persons working under the direct supervision of those individuals shall have access for removal of prescription medications for patient use. When the systems are used within a licensed pharmacy, a pharmacist shall be responsible for dispensing the product. Automated dispensing and storage systems shall not be used for direct patient access to prescription medications.
   3) Documentation as to type of equipment, serial numbers, content, policies and procedures, and locations ~~location(s)~~ shall be maintained on-site in the pharmacy for review by the Department. Such documentation shall include, but not be limited to:
      A) Name and address of the pharmacy or facility where the automated dispensing and storage system is operational;
      B) Manufacturer's name and model;
      C) Quality assurance policy and procedures to determine continued appropriate use and performance of the automated device; and
      D) Policies and procedures for system operation, safety, security, accuracy, patient confidentiality, access, controlled substances, data retention or archival, definitions, downtime procedures, emergency or first dose procedures, inspection, installation requirements, maintenance, medication security, quality assurance, medication inventory, staff education and training, system set-up and malfunction.
   4) Automated dispensing and storage systems shall be used only in settings that ensure medication orders are reviewed by a pharmacist in accordance with established policies and procedures and good pharmacy practice.
   5) Automated dispensing and storage systems shall have adequate security systems and procedures, evidenced by written pharmacy policies and procedures, to:
      A) Prevent unauthorized access or use;
      B) Comply with any applicable federal and State regulations; and
      C) Maintain patient confidentiality.
   6) Records and/or electronic data kept by automated dispensing and storage systems shall meet the following requirements:
      A) All events involving access to the contents of the automated dispensing and storage systems must be recorded electronically;
      B) Records must be maintained by the pharmacy and must be readily available to the Department. Such records shall

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include:

i) identity of system accessed;

ii) identification of the individual accessing the system;

iii) type of transaction;

iv) name, strength, dosage form and quantity of the drug accessed;

v) name of the patient for whom the drug was ordered;

vi) identification of the registrants ~~registrant(s)~~ stocking or restocking and the pharmacist checking for the accuracy of the medications to be stocked or restocked in the automated dispensing and storage system; and

vii) such additional information as the pharmacist-in-charge may deem necessary.

7) The stocking or restocking of all medications in the automated dispensing and storage systems shall be accomplished by registrants under the Act.

8) All containers of medications stored in the automated dispensing and storage systems shall be packaged as a unit of use for single patient use (e.g., unit dose tab/cap, tube of ointment, inhaler, etc.) and labeled as specified below:

A) Parenteral solutions to which a drug ~~drug(s)~~ or diluent has been added, or which are not in their original manufacturer's packaging, shall contain the following information on the outer label:

i) Name, concentration and volume of the base parenteral solution;

ii) Name and strength of drugs ~~drug(s)~~ or diluent added;

iii) Date and expiration date of the admixture. The expiration date, unless otherwise specified in the individual compendia monograph, or beyond use date, shall be no later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal (e.g., the Federal Drug Administration Act) or U.S.P. requirements, whichever is earlier; and

iv) Reference code to identify source and lot number of drugs ~~drug(s)~~ or diluent added.

B) Non-parenterals repackaged for future use shall be identified with the following information:

i) Trade and/or generic name;

ii) Strength (if applicable);

iii) Expiration date. Unless otherwise specified in the individual monograph, the expiration date or beyond use date shall be no later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal or U.S.P. requirements, whichever is earlier; and

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iv) Reference code to identify source and lot number.

C) Exceptions to the "unit of use" requirements in subsections (c)(8)(A) and (B) are as follows:

i) Injectable medications stored in their original multi-dose vial (e.g., insulin, heparin) where the medication may be withdrawn into a syringe or other delivery device for single patient use; or

ii) Over-the-Counter (OTC) products stored in their original multi-dose container (e.g., antacids, analgesics) where the medication may be withdrawn and placed into an appropriate container for single patient use.

9) For medication removed from the system for on-site patient administration, the system must document the following information:

A) Name of the patient or resident;

B) Patient's or resident's unique and permanent identifier, such as admissions number or medical records number;

C) Date and time medication removed from the system;

D) Name, initials, or other unique identifier of the person removing the drug; and

E) Name, strength and dosage form of the drug or description of the medical device removed. The documentation may be on paper, via electronic media or via any other media or mechanisms as set forth by the Act or this Part or as approved by the Department.

10) The automated dispensing and storage systems shall provide a mechanism for securing and accounting for medications once removed from and subsequently returned to the automated dispensing and storage systems (e.g., return bin). No medication or device shall be returned directly to the system for immediate reissue or reuse by a non-registrant under the Act. Medication or devices once removed shall not be reused or reissued except for:

A) Medical devices which can be properly sanitized prior to reuse or reissue; and

B) Medication that is dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current U.S.P./National Formulary, or by the U.S.P. Conventions, Inc.

11) The automated dispensing and storage systems shall provide a mechanism for securing and accounting for wasted medications or discarded medications.

12) The quality assurance documentation for the use and performance of the automated dispensing and storage systems shall include at least the following:

A) Safety monitors (e.g., wrong medications removed and administered to patient);
B) Accuracy monitors (e.g., filling errors, wrong medications removed); and
C) Security monitors (e.g., unauthorized access, system security breaches, controlled substance audits).

13) Errors in the use or performance of the automated dispensing and storage systems resulting in patient or resident death shall be reported to the Department by the pharmacist-in-charge within 30 days after acquiring knowledge of the incident.

14) Policy and procedures for the use of the automated dispensing and storage systems shall include a requirement for pharmacist review of the prescription or medication order prior to the system profiling and/or removal of any medication from the system for immediate patient administration. This does not apply to the following situations:
A) The system is being used as an after hours cabinet for medication dispensing in the absence of a pharmacist as defined in Section 1330.93(e)(1);
B) The system is being used in place of an emergency kit as defined in Section 1330.93(e)(2);
C) The system is being used to provide access to medication required to treat the immediate needs of a patient as defined in Section 1330.93(e)(3). A sufficient quantity to meet the immediate needs of the patient may be removed until a pharmacist is on duty and available to review the prescription or medication order. A pharmacist shall check such orders promptly once on duty (e.g., floor stock system, emergency department, surgery, ambulatory care or same day surgery, observation unit, etc.).

15) Policies and procedures for the use of the automated dispensing and storage systems shall include the following:
A) List of medications to be stored in each system;
B) List of medications qualifying for emergency or first dose removal without pharmacist prior review of the prescription or medication order; and
C) List of medications qualifying for control purposes.

16) The pharmacist-in-charge shall maintain or have access to all records or documentation specified in this Section for 5 years or as otherwise required by law.

17) A copy of all pharmacy policies and procedures related to the use of an automated dispensing and storage system shall be maintained at all locations where the system is being used.

d) Duties and Responsibilities of the Pharmacist-in-Charge
1) The pharmacist-in-charge shall be responsible for:
A) Assuring that the automated dispensing and storage system is in good working order and accurately provides the correct strength, dosage form and quantity of the drug prescribed

while maintaining appropriate recordkeeping and security safeguards;
B) Establishment of a quality assurance program prior to implementation of an automated dispensing and storage system and the supervision of an ongoing quality assurance program that monitors appropriate use and performance of the automated dispensing and storage system, which is evidenced by written policies and procedures developed by the pharmacy;
C) Providing the Department with written notice 30 days prior to the installation of or at the time of removal of an automated storage and dispensing system. Such notice must include, but is not limited to:
i) the name and address of the pharmacy;
ii) the address of the location of the automated dispensing and storage system, if different from the address of the pharmacy;
iii) the automated dispensing and storage system's manufacturer and model;
iv) the pharmacist-in-charge; and
v) a written description of how the facility intends to use the automated storage and dispensing system;
D) Determining and monitoring access to and the limits on access (e.g., security levels) to the automated storage and dispensing system. Such access shall be defined by policies and procedures of the pharmacy and shall comply with State and federal regulations.

2) Additional responsibilities of the pharmacist-in-charge or pharmacist designated by the pharmacist-in-charge shall include:
A) Authorizing the assigning of access to, discontinuing access to, or changing access to, the system;
B) Ensuring that access to the medications complies with State and federal regulations as applicable; and
C) Ensuring that the automated dispensing and storage system is stocked/restocked accurately and in accordance with established, written pharmacy polices and procedures.

(Source: Amended at 24 Ill. Reg. 8548, effective JUN - 9 2000)

Section 1330.99 Parenteral Product Standards

a) This Section sets forth standards for Divisions I, II, III, IV and V pharmacies whose practice includes the preparation, labeling and distribution of parenteral products pursuant to prescriptions or drug orders, as defined in the Act. These activities may include, but are not limited to:
1) Sterile preparation of parenteral therapy, parenteral nutrition;

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and

2) Sterile preparations of cytotoxic or antineoplastic agents.

b) Definitions

Barrier Isolation Chamber - an apparatus designed to provide a Class 100 environment for preparation of sterile products using solid walls rather than air movement (laminar air flow) to create a critical zone for product handling, a HEPA filtration system that conditions the air flowing through the unit to remove initial particles and particles generated within the controlled environment, and a means by which products are introduced and people interact with the product being prepared within the unit.

Biological Safety Cabinet - containment unit suitable for the preparation of low to moderate risk agents when there is a need for protection of the product, personnel and environment, according to National Sanitation Foundation (NSF) Standard 49.

Cytotoxic - a pharmaceutical that has the capability of killing living cells. These agents shall include, but are not limited to, agents classified as cancer chemotherapeutic, carcinogenic, mutagenic and antineoplastic.

Laminar Airflow Hood - apparatus designed to provide a Class 100 environment for preparation of sterile products using air circulation in a defined direction that passes through a HEPA filter to remove the initial particles and particles generated within the controlled environment.

Parenteral - sterile preparations of drugs for injection through one or more layers of the skin.

Terminal - a patient whose medical condition indicates his/her life expectancy to be 6 months or less.

c) Physical Requirements of Pharmacies Preparing Sterile Parenteral Products

1) The pharmacy shall have a designated area for preparing sterile parenteral products. The area shall be designed to minimize outside traffic and airflow disturbances from activity within the facility. It shall be of sufficient size to accommodate a laminar airflow hood, barrier isolation chamber or biological safety cabinet and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation and security. It shall be ventilated in a manner not interfering with the proper operation of the parenteral products preparation apparatus. ~~laminar airflow hood conditions.~~

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2) The licensed pharmacy preparing sterile parenteral products shall have the following:

A) Laminar airflow hood

i) Laminar airflow equipment shall be certified annually in accordance with Federal Standard 209E ~~2098~~ (for horizontal laminar airflow equipment) or National Sanitation Foundation Standard 49 (for vertical laminar airflow equipment).

ii) In the event the preparation apparatus ~~laminar equipment~~ is moved from its site of certification, recertification shall occur.

iii) Prefilters must be replaced or cleaned monthly and documentation of this maintained;

B) Sink with hot and cold running water, which is convenient to the compounding area;

C) Environmental Protection Agency approved disposal containers for used needles, syringes, etc., and if applicable, cytotoxic waste from the preparation of chemotherapy agents and infectious wastes;

D) Biohazard cabinetry for environment control when cytotoxic drug products are prepared;

E) Refrigerator and/or Freezer with a thermometer;

F) Temperature controlled container for off site deliveries.

3) The following current resource materials and texts shall be maintained in the pharmacy:

A) United States Pharmacopoeia/National Formulary (U.S.P./NF);

B) American Hospital Formulary Service;

C) Copies of the Illinois Pharmacy Practice Act and Rules, the Illinois Controlled Substances Act and Rules, 21 CFR and the Illinois Hypodermic Syringes and Needles Act;

D) One compatibility reference such as:

i) Trissel's Handbook on Injectable Drugs;

ii) King's Guide to Parenteral Admixtures; or

iii) Any other Department approved publication; ~~or~~

E) A file on extended (more than 24 hours) stability data given to finished products.

d) Staffing. A pharmacist shall be accessible at all times at each licensed facility to respond to patients' and health professionals' questions and needs. A 24-hour telephone number will be included on all labeling of compounded medication and medication infusion devices if off site.

e) Drug Distribution and Control

1) Patient Profile or Medication Record System. A pharmacy generated patient profile or medication record system must be separate from the prescription file. The patient profile or medication record system shall contain, at a minimum:

A) Patient's full name;

B) Date of Birth or Age;

C) Sex;
D) Sterile products dispensed;
E) Date dispensed, if off site;
F) Drug content and quantity;
G) Patient directions, if off site;
H) Identifying number;
I) Identification of dispensing pharmacist and, if applicable, pharmacy technician;
J) Other drugs patient is receiving;
K) Known drug sensitivities and allergies to drugs and foods;
L) Diagnosis; and
M) Lot numbers of components or individual medicine if product is not used within 48 hours of preparation.

2) Labeling. Each parenteral product dispensed to patients shall be labeled with the following information with a permanent label:
A) Name, address and telephone number of the licensed pharmacy, if not within facility;
B) Administration date and identifying number if used on site, date dispensed and identifying number if used off site;
C) Patient's full name and room number, if applicable;
D) Name of each drug, strength and amount;
E) Directions for use and/or infusion rate if used off site;
F) Prescriber's full last name if used off premises;
G) Required controlled substances transfer warnings, when applicable;
H) Expiration date and expiration hour;
I) Identity of pharmacist compounding and dispensing, or other authorized individual; and
J) Auxillary labels, storage requirements if applicable.

3) The pharmacist-in-charge shall ensure that records are maintained for 5 years and are readily retrievable and in a format that provides enforcement agents an accurate and comprehensive method of monitoring distribution via an audit trail. The records shall include at least the following information:
A) Patient profile;
B) Medication Record System;
C) Purchase records; and
D) Lot numbers of the components used in compounding sterile prescriptions/orders traceable to a specific patient, if not included on patient profile and if the product is not utilized within 48 hours of preparation.

f) Delivery Service. The pharmacist-in-charge shall assure the environmental control of all products shipped or delivered off site. Therefore, any compounded, sterile pharmaceutical must be shipped or delivered to a patient in temperature controlled (as defined by U.S.P. Standards) delivery containers.

g) Cytotoxic Drugs. The following additional requirements are necessary for those licensed pharmacies that prepare cytotoxic drugs:

1) Safety and containment techniques for compounding cytotoxic drugs shall be used.
2) Disposal of cytotoxic waste shall comply with all applicable local, State and federal requirements.
3) Prepared doses of cytotoxic drugs must be dispensed, labeled with proper precautions inside and outside and shipped in a manner to minimize the risk of accidental rupture of the primary container.
4) Must have as a reference Procedures for Handling Cytotoxic Drugs/American Society of Hospital Pharmacists (ASHP).

(Source: Amended at 24 Ill. Reg. 8548, effective JUN - 9 2000)

Section 1330.130 Restoration

a) A registrant seeking restoration of a certificate of registration which has expired for ~~less than five (5)~~ years or less shall have the license restored upon payment of all lapsed renewal fees required by Section 27 of the Act and proof of 30 hours of continuing education (e.g., certificate of attendance or completion) in accordance with Section 1330.140 of this Part.

b) A registrant seeking restoration of a certificate of registration which has been placed on inactive status for 5 ~~less than five (5)~~ years or less shall have the ~~his~~ license restored upon payment of the current renewal fee and proof of 30 hours of continuing education (e.g., certificate of attendance or completion) in accordance with Section 1330.140 of this Part.

c) A registrant seeking restoration of a certificate of registration after it has expired or been placed on inactive status for more than ~~five (5)~~ years shall file an application, on forms supplied by the Department, together with the fee required by Section 27 of the Act and proof of 30 hours of continuing education (e.g., certificate of attendance or completion) in accordance with Section 1330.140 of this Part. The registrant shall also submit either:
1) Certification of active practice in another jurisdiction. Evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the registrant was authorized to practice during the term of active practice;
2) An affidavit attesting to military service as specified in Section 12 of the Act. The applicant restoring a license shall be excused from the payment of any lapsed fee or any restoration fees.
3) A registrant who is unable to submit proof of satisfaction of either subsection (c)(1) or (2), above, shall submit proof of completion of:
A) 15 ~~Fifteen (15)~~ clock hours of refresher courses or continuing education for each year the license was expired; or

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B) Up to 400 hours of clinical practice under the supervision of a pharmacist.

~~e)~~ The course work or clinical training described in subsections (c)(3)(A) and (B), above, shall have the prior approval of the Board.

d) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies in information.

(Source: Amended at 24 Ill. Reg. 8548, effective JUN - 9 2000)

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1) Heading of the Part: Emergency Medical Services and Trauma Center Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Adopted Action:
515.220	Amendments
515.350	Amendments
515.380	Amendments
515.590	Amendments
515.710	Amendments
515.720	Amendments
515.830	Amendments

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) Effective date of amendments: June 10, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: December 10, 1999 - 23 Ill. Reg. 14276

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:

1. In Section 515.300(b)(4), strike-outs were removed from "and".

2. Subsection 515.300(b)(5) was deleted.

3. In Section 515.300(b)(6), "6)" was deleted; strikeouts were removed from "5)".

4. In Section 515.350(b), the following was added after "shall" in the first sentence: "assure that either the resource hospital or ambulance provider".

5. In Section 515.350(b) and (b)(1), strike outs were removed from "one of", "following formats", "1) Copies of" and "scannable run report

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form".

6. In Section 515.350(b), "form of a" was deleted.

7. In Section 515.350(b)(1), "a" was added before "scannable".

8. In Section 515.350(b), subsection numbering was returned to the existing format.

9. The following new subsections were added in Section 515.720(d):

"15) Face protection through any combination of masks, eye protection, and face shields; and

16) Any additional materials as required by the EMS System."

The following changes were made in response to comments and suggestions of the JCAR:

1. Section 515.300 was removed from the rulemaking.

2. In Section 515.350(b), "assure that either the Resource Hospital or ambulance provider" was deleted and "The ambulance provider shall submit the run report data to the Resource Hospital." was added.

3. In Section 515.720(d)(13), "and" was stricken out.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
515.100	Amendments	23 Ill. Reg. 11413
515.125	Amendments	23 Ill. Reg. 11413
515.445	Renumbered	23 Ill. Reg. 11413
515.2030	Amendments	23 Ill. Reg. 11413
515.2035	New Section	23 Ill. Reg. 11413
515.2040	Amendments	23 Ill. Reg. 11413
515.2045	New Section	23 Ill. Reg. 11413
515.2050	Amendments	23 Ill. Reg. 11413
515.2060	Amendments	23 Ill. Reg. 11413
APPENDIX A	Amendments	23 Ill. Reg. 11413

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APPENDIX C	Amendments	23 Ill. Reg. 11413
APPENDIX G	New Section	23 Ill. Reg. 11413
APPENDIX H	New Section	23 Ill. Reg. 11413

15) Summary and purpose of the amendments: Section 515.220 (EMS Regional Plan Content) is being amended to require EMS Regional Plans to address development of a policy in regard to incidents involving school buses. Section 515.300 (Approval of New EMS Systems) is being amended to include a new criterion for justification of a need for a new EMS System. Section 515.350 (Data Collection and Submission) is being amended to delete reference to a "Department-issued scannable run report form." The grant funds that were used to produce this form have been expended. Section 515.380 (Do Not Resuscitate (DNR) Policy) is being amended to revise requirements for Do Not Resuscitate (DNR) forms. Section 515.590 (EMT License Renewals) is being amended to delete reference to completion of a refresher course, Basic Trauma Life Support or Pre-Hospital Trauma Life Support, for relicensure as an EMT. EMTs may also revert to First Responder status at any time during the EMT license period. Section 515.710 (Emergency Medical Dispatcher) is being amended to add two exceptions to the registration requirement for Emergency Medical Dispatchers. Requirements for approval of training programs for Emergency Medical Dispatchers are being added. Section 515.720 (First Responder) is being amended to require a resuscitation device as specified by the EMS System. Section 515.830 (Ambulance Licensing Requirements) is being amended at add a provision for self-inspection of ambulances in alternate years.

16) Information and questions regarding these adopted amendments shall be directed to:

Paul Thompson
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
(rules@idph.state.Il.us).

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

SUBPART B: EMS REGIONS

SUBPART C: EMS SYSTEMS

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

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SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

SUBPART F: VEHICLE SERVICE PROVIDERS

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

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SUBPART H: TRAUMA CENTERS

SUBPART I: EMS ASSISTANCE FUND

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective JUN 10 2000.

SUBPART B: EMS REGIONS

DEPARTMENT OF PUBLIC HEALTH

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Section 515.220 EMS Regional Plan Content

a) *The EMS Medical Directors Committee* portion of the Regional Plan *shall address at least the following:*
   1) *Protocols for inter-System/inter-Region patient transports, including* protocols for pediatric patients and pediatric patients with special health care needs, *identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*
   2) *Regional standing medical orders;*
   3) *Patient transfer patterns, including criteria for determining whether a patient needs the specialized service of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal;*
   4) *Protocols for resolving Regional or inter-System conflict;*
   5) *An EMS disaster preparedness plan which includes the actions and responsibilities of all EMS participants within the Region* for care and transport of both the adult and pediatric population;
   6) *Regional standardization of continuing education requirements;*
   7) *Regional standardization of Do Not Resuscitate (DNR) policies, and protocols for power of attorney for health care;*
   8) *Protocols for disbursement of Department grants* (Section 3.30(a)(1-8) of the Act); ~~and~~
   9) Development of protocols to improve and integrate EMS for children (or EMSC) into the current delivery of emergency services within the Region; and~~.~~
   10) Development of a policy in regard to incidents involving school buses, which shall include, but not be limited to:
      A) Assessment of the incident, including mechanism and extent of damage to the vehicle;
      B) Passenger assessment/extent of injuries;
      C) A provision for transporting all children with special healthcare needs and those with communication difficulties;
      D) Age specific issues; and
      E) Use of a release form for nontransports.

b) *The Trauma Center Medical Directors or Trauma Center Medical Directors Committee* portion of the Regional Plan *shall address at least the following:*
   1) *The identification of Regional Trauma Centers* and identification of trauma centers that specialize in pediatrics;
   2) *Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications*

and relevant Regional considerations (e.g., transport times and distances);

3) *Regional trauma standing medical orders;*

4) *Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or Regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal* (These policies must include the criteria of Section 515.Appendix C.);

5) *The identification of which types of patients can be cared for by Level I and Level II Trauma Centers;*

6) *Criteria for inter-hospital transfer of trauma patients,* including the transfer of pediatric patients;

7) *The treatment of trauma patients in each trauma center within the Region;*

8) *The establishment of a Regional trauma quality assurance and improvement subcommittee, consisting of trauma surgeons, which shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from such reviews to the Department; and*

9) *A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients.* (Section 3.30(b)(1-9) of the Act)

A) This shall include but not be limited to all cases that have been deemed potentially preventable or preventable in the trauma center review using the American College of Surgeons "Guidelines for Judgement Regarding Mortality and Contributing Factors and Guidelines Related to Morbidity and Mortality" (from "Resources for Optimal Care of the Injured Patient"). This review should exclude trauma patients who were dead on arrival.

B) In addition, the review must include all patients who were transferred more than two hours from time of arrival at the initial institution and who meet one or more of the following criteria at the receiving trauma center:

i) Admitted to an intensive care unit;

ii) Admitted to a bed with telemetry monitoring;

iii) Went directly to the operating room;

iv) Went to the operating room from the emergency department;

v) Discharged to a rehabilitation or skilled care facility;

vi) Died following arrival.

C) The Region must include a review of morbidity/audit filters that have been determined by the Region.

D) Cumulative Regional reports will be made available upon request from the Department.

c) *The Region's EMS Medical Directors and Trauma Center Medical Directors Committees shall appoint any subcommittees which they deem necessary to address specific issues concerning Region activities.* (Section 3.30(c) of the Act)

d) Internal Disaster Plans

1) Each System hospital shall submit an internal disaster plan to the EMS Medical Directors Committee and the Trauma Center Medical Directors Committee.

2) The hospital internal disaster plan shall be coordinated with, or a part of, the hospital's overall disaster plan.

3) The plan shall be coordinated with local and State disaster plans.

4) The hospital internal disaster plan shall be developed by a hospital committee and shall at a minimum:

A) Identify the authority to implement the internal disaster plan, including the chain of command and how notification shall be made throughout the hospital;

B) Identify the critical operational elements required in the hospital in the event of an internal disaster;

C) If the facility needs to go on bypass or resource limitation status, identify the person responsible for notification and the persons both outside and within the hospital who should be notified;

D) Identify a person or group responsible for ensuring that needed resources and supplies are available;

E) Identify a person to communicate with representatives from other agencies, organizations, and the EMS System;

F) Identify a person who is responsible for procuring all supplies required to manage the facility and return the facility to the preincident status;

G) Identify the plan and procedure for educating facility employees on their role and responsibilities during the disaster;

H) Designate a media spokesperson;

I) Establish a method for resource coordination between departments and individuals to address management of staff, patients and patient flow patterns;

J) Designate a person (safety officer) with responsibility for establishing safety policies to include, but not be limited to, decontamination operations, safety zones, site safety plans, evacuation parameters, and traffic patterns;

K) Designate a location where personnel, not actually committed to the incident, will report for assignments, as needed (i.e., a staging area);

L) Include notification procedures to EMS Systems, area ambulances, both public and private, and police and fire

authorities of the type of incident that caused the hospital to implement its internal disaster plan and of any special instructions, e.g., use of a different driveway or entrance;

M) Establish a designated form of communication, both internal and external, to maintain two-way communication (e.g., Mobile Emergency Communications of Illinois (MERCI), ham radio, walkie talkies);

N) Include a policy to call in additional nursing staff when an identified staffing shortage exists;

O) Include the policy developed pursuant to Section 515.315(f); and

P) *Include contingency plans for the transfer of patients to other facilities if an evacuation of the hospital becomes necessary due to a catastrophe, including but not limited to a power failure.* (Section 3.30 of the Act)

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

SUBPART C: EMS SYSTEMS

Section 515.350 Data Collection and Submission

a) A run report shall be completed by each vehicle service provider for every emergency pre-hospital or inter-hospital transport.
   1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.
   2) Each Resource Hospital shall designate or approve a single form to be used by all of its vehicle providers. It shall be ~~either the Department-issued scannable form, or~~ a form that contains the minimum prescribed data elements listed in Section 515.Appendix E of this Part.

b) The ambulance provider shall submit the run report data to the Resource Hospital. Each Resource Hospital shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:
   1) Copies of ~~the Department-issued~~ a scannable run report form, or
   2) A data diskette containing the prescribed data elements.
      A) The data elements shall be in a format compatible with the Department's data base input specifications, and
      B) Department review and approval of data format compatibility is required prior to submission.

c) When computer technology is available, each Resource Hospital shall develop and implement a mechanism for linking pre-hospital and inter-hospital run reports with emergency department, trauma center and admission records from the hospitals that receive emergency

patients within the System. This mechanism shall facilitate tracking of case outcomes for purposes of internal quality control, medical study and improvement of both adult and pediatric patients.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

Section 515.380 Do Not Resuscitate (DNR) Policy

a) A System shall develop a DNR policy for use by System personnel. The policy shall be implemented only after it has been reviewed and approved by the Department, in accordance with the requirements of this Section. For purposes of this Section, DNR refers to the withholding of cardiopulmonary resuscitation (CPR); electrical therapy to include pacing, cardiovision and defibrillation; tracheal intubation and manually or mechanically assisted ventilations, unless otherwise stated on the DNR Order.

b) The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

c) The policy shall include specific procedures and protocols for withholding CPR in situations where explicit signs of biological death are present (e.g., decapitation, rigor mortis without profound hypothermia, profound dependent lividity), or the patient has been declared dead by a coroner or the patient's physician. The policy shall include recording such information on the run sheet and requesting the physician or coroner to sign the run sheet (if applicable).

d) For situations not covered by subsection (c) of this Section, the policy shall require that resuscitative procedures be followed unless a valid DNR Order is present.

e) Beginning July 1, 2001, a ~~A~~ valid DNR Order shall be ~~consist of a~~ written on a form provided by the Department and shall contain ~~document, which has not been revoked, containing at least~~ the following information. If the Department form is reproduced, brightly colored orange paper shall be used.~~:~~
   1) Name of the patient,
   2) Name and signature of attending physician,
   3) Effective date,
   4) The words "Do Not Resuscitate",
   5) Evidence of consent - either:
      A) signature of patient; or
      B) signature of legal guardian; or
      C) signature of durable power of attorney for health care agent; or
      D) signature of surrogate decision-maker.

f) A living will by itself cannot be recognized by pre-hospital care providers.
g) Revocation of a written DNR Order shall be made only in one or more of the following ways:
   1) The Order is physically destroyed or verbally rescinded by the physician who signed the Order; or
   2) The Order is physically destroyed or verbally rescinded by the person who gave written consent to the Order.
h) A System's DNR policy shall require System personnel to make a reasonable attempt to verify the identity of the patient (for example, identification by another person or an identifying bracelet) named in a valid DNR Order.
i) The policy shall describe the roles of the on-line medical control physician and ECRN in DNR situations.
j) The policy shall state which System ambulance personnel are authorized to respond to a valid DNR Order (EMT-P, EMT-I, EMT-B, Pre-hospital RN).
k) The policy shall cross-reference the System's coroner notification policy.
l) The policy shall describe the System's program for educating System personnel concerning the policy.
m) The policy shall identify the quality assurance measures specific to this policy, including the methods and periods of review, and the submission of a yearly report to the Department indicating issues or problems that have been identified and the System's responses to those issues or problems.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.590 EMT License Renewals

a) To be relicensed as an EMT:
   1) The licensee shall file an application for renewal with the Department on a form prescribed by the Department at least 30 days prior to the license expiration date.
      A) The submission of a transaction card (Form No. IL 482-0837) by the EMS Medical Director will satisfy the renewal application requirement for a licensee who has been recommended for relicensure by the EMS Medical Director.
      B) A licensee who has not been recommended for relicensure by the EMS Medical Director must independently submit to the Department an application for renewal. The EMS Medical Director shall provide the licensee with a copy of the appropriate form to be completed.
   2) A written recommendation signed by the EMS Medical Director must

be provided to the Department regarding completion of the following requirements:
   A) One hundred twenty hours of continuing education, seminars and workshops, addressing both adult and pediatric care. The System shall define in the Program Plan the number of continuing education hours to be accrued each year for relicensure. No more than 25 percent of those hours may be in the same subject.
   ~~B) For EMT-B and EMT-I, a refresher course or Basic Trauma Life Support (BTLS) or Pre-hospital Trauma Life Support (PHTLS), to be successfully completed during the last two years of the relicensure period. Hours accrued for the refresher course, BTLS or PHTLS shall be included in the required 120 hours of continuing education.~~
   B) C) Any System continuing education requirements for an EMT approved to operate an automated defibrillator shall be included in the required 120 continuing education hours.
   C) ~~B)~~ A current CPR completion card that covers:
      i) Adult one-rescuer CPR,
      ii) Adult foreign body airway obstruction management,
      iii) Pediatric one-rescuer CPR,
      iv) Pediatric foreign body airway obstruction management, and
      v) Adult two-rescuer CPR.
   D) ~~E)~~ Functioning within a State-approved EMS System providing the licensed level of life support services as verified by that System's EMS Medical Director.
b) Composition of ~~refresher training programs,~~ continuing education programs and qualifications of instructors shall be submitted to the Department for approval not less than 60 days prior to the scheduled event. Program approval will be granted provided the program is conducted in accordance with guidelines of the Department of Transportation's National Standard Curriculum for EMTs and contains material relevant to that level of licensure. Qualifications of instructors shall be consistent with Section 515.700.
c) If the EMS Medical Director does not recommend relicensure, he/she shall submit all reasons for denial in writing to the EMT and the Department.
d) The license of an EMT who has failed to file an application for renewal shall terminate on the day following the expiration date shown on the license.
e) At any time prior to the expiration of the current license, an EMT-I or EMT-P may revert to the EMT-B status for the remainder of the license period. The EMT-I or EMT-P must make this request in writing to the Department. To relicense at the EMT-B level, the individual must meet the EMT-B requirements for relicensure.
f) An EMT-I or EMT-P who has reverted to EMT-B status may be subsequently relicensed as an EMT-I or EMT-P, upon the recommendation of an EMS

Medical Director who has verified that the individual's knowledge and clinical skills are at an active EMT-I or EMT-P level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming EMT-I or EMT-P activities.

g) Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure (see subsection (i) below).

h) The Department *shall require the licensee to certify on the renewal application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.* (Section 10-65(c) of the Illinois Administrative Procedure Act [5 ILCS 100/10-65(c)])

i) An EMT whose license has expired may, within 60 days after licensure expiration, submit all relicensure material as required in this Part and a fee of $50 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the EMT, the Department will relicense the EMT.

j) At any time prior to the expiration of the current license, an EMT may revert to First Responder status for the remainder of the license period. The EMT must make this request in writing to the Department. To re-register as a First Responder, the individual must meet the requirements for First Responder registration.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section 515.710 Emergency Medical Dispatcher

a) An individual who acts as an Emergency Medical Dispatcher must register ~~be--registered~~ with the Department by August 1, 2000, except for:~~-~~
   1) Public safety dispatchers who transfer calls to another answering point that is responsible for dispatching of fire and/or EMS personnel; or
   2) Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing pre-arrival instructions.

b) To apply for registration as an Emergency Medical Dispatcher, the individual must submit the following to the Department:
   1) A completed Emergency Medical Dispatcher registration form that includes name, address, System affiliation, and employer of the Emergency Medical Dispatcher; and
   2) Documentation of successful completion of a *dispatching course meeting or exceeding the* National Standard Curriculum for EMS Dispatchers or its equivalent. (Section 3.70(a) of the Act)

c) *Persons who have already completed a course of instruction in emergency medical dispatch based on, equivalent to or exceeding the national curriculum of the United States Department of Transportation, or as otherwise approved by the Department, shall be considered Emergency Medical Dispatchers on* July 19, 1995. (Section 3.70(a) of the Act)

d) An individual acting as an Emergency Medical Dispatcher who does not meet the requirements of subsection (c) of this Section must comply with the following until he or she is registered with the Department:
   1) He or she shall act in accordance with an approved EMS System Program Plan; and
   2) His or her work performance shall be evaluated at one month after employment and at six-month intervals thereafter by the EMSMD or his/her designee.

e) If the Emergency Medical Dispatcher provides both adult and pediatric pre-arrival medical instructions to the caller, such *instructions shall be provided in accordance with protocols established by the EMS Medical Director of the EMS System in which the dispatcher operates. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by* the *Board in consultation with the EMS Medical Director.* (Section 3.70(a) of the Act)

f) A registered Emergency Medical Dispatcher shall notify the Department within 10 days after any changes in name, address, employer or system affiliation.

g) Emergency Medical Dispatcher Training Program
   1) Applications for approval of Emergency Medical Dispatcher (EMD) training programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, the name of the applicant, agency and address, type of training program, lead instructor's name and address, and dates of the training program.
   2) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class. A description of the textbook being used and passing score for the class shall be included with the application.
   3) The Emergency Medical Dispatcher training program shall designate an EMS Lead Instructor, who shall be responsible for the overall management of the training program and shall be approved by the Department based on the requirements of Section 515.700.
   4) Any change in the EMD training program's EMS Lead Instructor

shall require that an amendment to the application be filed with the Department.

5) Questions for all quizzes and tests to be given during the EMD training program shall be prepared by the EMS Lead Instructor and available for review by the Department upon the Department's request.

6) All approved programs shall maintain class and student records for seven years, which shall be made available to the Department for review upon request.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

Section 515.720 First Responder

a) An individual who acts as a First Responder as part of an EMS System's Program Plan must be registered with the Department by August 1, 2000.

b) To register as a First Responder, the individual must submit the following to the Department:

1) A completed First Responder registration form prescribed by the Department, which shall include, but not be limited to, the First Responder's name, address, *EMS System in which he or she participates as* a First Responder, and the employer and supervisor when the individual is acting as a First Responder. (Section 3-60(b)(3) of the Act)

2) Documentation of successful completion of training in accordance with the National Standard Curriculum for First Responders or its equivalent and training in cardiopulmonary resuscitation.

3) Verification that the equipment listed in subsection (d) of this Section will be immediately available to the individual when he or she is acting as a First Responder.

c) *Persons who have already completed a course of instruction in emergency first response based on or equivalent to the national curriculum of the United States Department of Transportation,* or who were *previously recognized by the Department* as a First Responder on July 19, 1995, *shall be considered First Responders* (Section 3.60(a) of the Act) by submitting to the Department by July 1, 1997, a First Responder registration form and verification that the equipment listed in subsection (d) of this Section will be immediately available to the individual when he or she is acting as a First Responder.

d) As a minimum, when acting as a First Responder an individual shall have the following equipment immediately available:

1) triangular bandage;
2) roller type bandage;
3) universal dressing;
4) gauze pad;
5) occlusive dressing;
6) bandage scissors;

7) adhesive tape;
8) stick (for impaled object/tourniquet);
9) blanket;
10) upper extremity splint;
11) lower extremity splint (set);
12) oxygen equipment and masks (adult and pediatric);
13) a resuscitation device as specified by the EMS System~~bag-mask resuscitator; and~~
14) oropharyngeal airway (adult, child and infant);~~.~~
15) Face protection through any combination of masks, eye protection, and face shields; and
16) Any additional materials as required by the EMS System.

e) A First Responder shall notify the Department, in writing, within 10 days after any changes in:

1) EMS System participation;
2) the First Responder's employer or supervisor; and
3) name or address.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.830 Ambulance Licensing Requirements

a) Vehicle Design

1) Each new vehicle used as an ambulance after April 15, 1997 shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKK-A-1822D), with the exception of Section 3.16.2, Color, Paint and Finish.

2) *A licensed vehicle* shall be exempt *from subsequent vehicle design standards or specifications required by the Department* in this Part, *as long as said vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until said vehicle's title of ownership is transferred.* (Section 3.85(b)(8) of the Act)

3) The following requirements listed in Specification KKK-A-1822D shall be considered mandatory in Illinois even though they are listed as optional in that publication:

A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).

B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).

C) 3.12.1 An oxygen outlet will be provided above the secondary patient (see 3.15.4 M9).

D) 3.15.4M3 Electric clock with sweep second hand will be provided.

4) An "End Stop" device may be placed at the forward edge of the

squad bench to prevent the secondary patient from forward motion due to severe braking or in a frontal impact accident when a long backboard is used. This device can be fixed or removable.

b) Equipment Requirements - Basic Life Support Vehicles
Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

1) Stretchers, Cots, and Litters
   A) Primary Patient Cot
      Must meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822D.
   B) Secondary Patient Stretcher
      Must meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822D.
2) Oxygen, portable
   Must meet the operational requirements of section 3.12.2 of KKK-A-1822-D.
3) Suction, portable
   A) Must meet the operational requirements of section 3.12.4 of KKK-A-1822D.
   B) A manually operated suction device is acceptable if approved by the Department.
4) Medical Equipment
   A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child and infant size transparent masks
   B) Lower-extremity traction splint, adult and pediatric sizes
   C) Blood pressure cuff, one each, adult, child and infant sizes and gauge
   D) Stethoscopes, two each
   E) Pneumatic counterpressure trouser kit, adult size, optional
   F) Long spine board with three sets of torso straps, 72" x 16" minimum
   G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one each chin and head strap or equivalent vest type (wrap around) extrication device optional
   H) Airway, oropharyngeal - adult, child, and infant sizes
   I) Airway, nasopharyngeal with lubrication, sizes 12-30F
   J) Bandage shears, one each
   K) Extremity splints, adult, two each long and short
   L) Extremity splint, pediatric, two each long and short
   M) Rigid cervical collars - one each, pediatric, small, medium, and large sizes. Shall be made of rigid material to minimize flexation, extension, and lateral rotation of the head and cervical spine when spine injury is suspected
   N) Patient restraints, arm and leg, sets
5) Medical Supplies
   A) Trauma dressing - six each

   B) Sterile gauze pads - 20 each, 4 inches by 4 inches
   C) Bandages, soft roller, self-adhering type, ten each, 4 inches by 5 yards
   D) Vaseline gauze - two each, 3 inches by 8 inches
   E) Adhesive tape rolls - two each
   F) Triangular bandages or slings - five each
   G) Burn sheets - two each, clean, individually wrapped
   H) Sterile solution (normal saline) - four each, 500 cc or two each, 1,000 cc plastic bottles or bags
   I) Aluminum foil roll or Silver Swaddler - one each with head cover
   J) Obstetrical kit, sterile - one each, pre-packaged with instruments
   K) Cold packs, three each
   L) Hot packs, three each, optional
   M) Emesis basin - one each
   N) Drinking water - 1 quart, in nonbreakable container; sterile water may be substituted
   O) Ambulance emergency run reports - ten each, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in Section 515.Appendix E of this Part
   P) Pillows - two each, for ambulance cot
   Q) Pillowcases - two each, for ambulance cot
   R) Sheets - two each, for ambulance cot
   S) Blankets - two each, for ambulance cot
   T) CPR mask - one each, with safety valve to prevent backflow of expired air and secretions
   U) Urinal
   V) Bedpan
   W) Remains bag, optional
   X) Nonporous disposable gloves
   Y) Impermeable red biohazard-labeled isolation bag
   Z) Face protection through any combination of masks and/or eye protection and/or field shields
   AA) Suction catheters - sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three each tonsil tip semi-rigid pharyngeal suction tip catheters; all must have a thumb suction control port
   BB) Child/infant car seat
   CC) Equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart
   DD) Poison Control Resource Phone Number
   EE) Plastic baby bottle with nipple for glucose feeding
   FF) Flashlight, one each, for patient assessment
   GG) One each adult, child and neonate sized oxygen masks that are semi-open, valveless, transparent and disposable
   HH) Three each nasal cannulas

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c) Equipment Requirements - Intermediate and Advanced Life Support Vehicles
Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) of this Section and shall also comply with the equipment and supply requirements as determined by the EMS Medical Director in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages.

d) Equipment Requirements - Rescue and/or Extrication
The following equipment will be carried on the ambulance, unless it is routinely accompanied by a rescue vehicle:
1) Wrecking bar, 24"
2) Goggles for eye safety
3) Flashlight - one each, portable, battery operated
4) Fire Extinguisher - 2 each, ABC dry chemical, minimum 5 pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment

e) Equipment Requirements - Communications Capability
Each ambulance must have ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400 of this Part.

f) Personnel Requirements
1) Each ambulance shall be staffed by a minimum of two EMTs, Pre-Hospital RNs or physicians on all emergency calls.
2) Each Basic Life Support vehicle using automated defibrillation shall be staffed by a minimum of one EMT-B approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
3) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one EMT-I, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ILS vehicle using automated defibrillation shall be staffed by a minimum of one EMT-I approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician. Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one EMT-P, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
4) Each ambulance provider that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of this Subpart.

g) Operational Requirements
1) Any operation of an ambulance while transporting a patient to a hospital shall be done in accordance with the requirements of the Act and this Part.
2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as

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required below, each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS or BLS level, and such coverage will meet the requirements of this Section.

A) At the time of application for initial or renewal licensure, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.
i) A current roster shall also be submitted, which lists the EMTs, Pre-Hospital RNs and/or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, and daytime telephone number, and shall state whether such person is generally scheduled to be on site or on call.
ii) An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.

B) Licensees shall be required to obtain the EMS Medical Director's approval of their vehicles' hours of operation prior to submission to the Department. An EMS Medical Director may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.

C) A licensee that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in such advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day.

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.Appendix E.

4) A licensee shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for such service.

5) A licensee shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h) of this Part.)

6) A licensee shall operate its ambulance at a level not exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless such vehicle is operated pursuant to an EMS System-approved in-field

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service level upgrade.

7) The Department shall relicense ambulances each year. If the licensee has attained 90 percent compliance with the requirements of this Section on inspections for the five years immediately preceding July 1, 1999 and has no substantiated complaints against it, the Department shall inspect the licensee's ambulances in alternate years, and the licensee shall self-inspect its ambulances in the other years. The Department's inspection form shall be used for self-inspection by the licensee.

h) A licensee may use a replacement vehicle for up to ten days without a Department inspection provided that the Department is notified of the use of the vehicle by the second working day.

AGENCY NOTE: Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Amended at 24 Ill. Reg. 8585, effective JUN 10 2000)

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1) Heading of the Part: Real Estate Transfer Tax

2) Code Citation: 86 Ill. Adm. Code 120

3) Section Numbers: Adopted Action:
120.5 New Section

4) Statutory Authority: 35 ILCS 200/Art. 31

5) Effective Date of Amendments: June 9, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: December 27, 1999, 23 Ill. Reg. 14658

10) Has JCAR issued a Statement of Objections to these Amendments? No

11) Differences between proposal and final version: The only changes made were the ones agreed upon with JCAR. Most of these changes were grammar and punctuation, but a technical correction was made to the authority line and an additional sentence was added to subsection (d) in the final version. This new sentence explains the basis for entry into any written agreement authorizing the chief county assessment officer to electronically transmit data from transfer declarations to the Department.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: Transfer declarations are used by the Department of Revenue in assessment/sales ratio studies to produce a multiplier for equalizing assessments between all counties in Illinois. Public Act 91-555 (effective January 1, 2000) made changes in the content of transfer declarations and authorized the use of electronically-produced transfer declarations. In response to Public Act 91-555, the Department of Revenue created a new set of forms to conform to new statutory and departmental requirements for information on transfer declarations. This

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rulemaking informs taxpayers, tax practitioners who prepare transfer declarations, and public officials with enforcement responsibilities of the proper form to use in a particular timeframe and of the proper documentation to submit at the time a deed or trust document is presented for recordation or registration.

16) Information and questions regarding this adopted amendment shall be directed to:

Jerry Lanter
Counsel - Property Tax
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
217/782-6996

The full text of the adopted amendments begins on the next page:

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TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 120
REAL ESTATE TRANSFER TAX

Section
120.5 Transfer Declaration and Supplemental Information
120.10 Procedure
120.20 Interpretations

AUTHORITY: Implementing and authorized by the Real Estate Transfer Tax Law [35 ILCS 200/Art. 31].

SOURCE: Filed and effective August 26, 1971; codified at 8 Ill. Reg. 11465; amended at 9 Ill. Reg. 7938, effective May 14, 1985; amended at 18 Ill. Reg. 12849, effective August 9, 1994; amended by emergency rulemaking at 23 Ill. Reg. 14765, effective December 9, 1999, for a maximum of 150 days; emergency expired May 6, 2000; amended at 24 Ill. Reg. 8607, effective JUN - 9 2000.

Section 120.5 Transfer Declaration and Supplemental Information

a) At the time a deed or trust document is presented for recordation or registration, a transfer declaration and supplemental information, if applicable, shall be prepared as required by the Department in a manner consistent with the requirements of subsection (b) and submitted to the recorder of deeds or registrar of titles of the county in which the property is situated, under Section 31-25 of the Property Tax Code [35 ILCS 200/31-25]. No transfer declaration or supplemental information is required to be prepared and submitted to the recorder of deeds or registrar of titles if the transfer qualifies for an exemption under subsection (a), (b) (but only for transfers in which the Administrator of Veterans' Affairs of the United States is the grantee pursuant to a foreclosure proceeding), (c), (d), (e), (f), (g), (h), (i), (j), or (l) of Section 31-45 of the Property Tax Code [35 ILCS 200/31-45(a)-(j), or (l)], but a notation of exempt status must appear on the face of the deed or trust document. If the transfer qualifies for an exemption under subsection (b) (for all transfers except those in which the Administrator of Veterans' Affairs of the United States is the grantee pursuant to a foreclosure proceeding), (k), or (m) of Section 31-45 of the Property Tax Code [35 ILCS 200/31-45(b), (k), or (m)], a transfer declaration and supplemental information, if applicable, shall be prepared and submitted to the recorder of deeds or registrar of titles.

b) A transfer declaration and supplemental information shall be prepared using paper versions of forms or electronically-produced paper versions thereof approved by the Department as follows:

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1) Preparation procedures:
   A) Paper versions of forms shall be available at the office of the recorder of deeds or registrar of titles in every county. These forms shall be supplied by the Department to the recorder of deeds and registrar of titles.
   B) All applicable questions on the forms shall be answered completely and the forms shall be signed by the buyer and seller, or their agents, and the preparer.
   C) If a transfer declaration and all supplemental information, if applicable, is not prepared and submitted, or is prepared and submitted without all applicable questions being answered completely and the transfer declaration being properly signed, the recorder of deeds or registrar of titles shall not record or register the deed or trust document.
2) Transfer declarations:
   A) For transfers prior to January 1, 2000, if a transfer declaration was prepared prior to January 1, 2000, Form No. PTAX-203, Real Estate Transfer Declaration (a four-page document with a green first page and with a (R-4/94) designation in the lower left corner of the first page), or the appropriate predecessor version in effect at the time of transfer, shall be prepared and submitted.
   B) For transfers prior to January 1, 2000, if a transfer declaration was not prepared prior to January 1, 2000 Form No. PTAX-203, Illinois Real Estate Transfer Declaration (a white two-page document with a (R-8/99) designation in the lower left corner of the first page), or the appropriate succeeding version in effect at the time of transfer, shall be prepared and submitted.
   C) For transfers on and after January 1, 2000, Form No. PTAX-203, Illinois Real Estate Transfer Declaration (a white two-page document with a (R-8/99) designation in the lower left corner of the first page), or the appropriate succeeding version in effect at the time of transfer, shall be prepared and submitted.
   D) If multiple deeds or trust documents are used to transfer real estate or beneficial interests in real property, a transfer declaration shall be prepared and submitted for each deed or trust document reflecting the interest being transferred by each deed or trust document.
   E) If the real estate being transferred is located in more than one county, separate transfer declarations shall be prepared and submitted in each county. Each transfer declaration shall list the prorated full actual consideration for that portion of the real estate being transferred in the county. The proration is to be made in such a manner so that the total of the prorated full actual consideration listed on each transfer declaration equals the full actual consideration for all real estate being transferred.
   F) For purposes of this Section, "transfer" means execution of the deed or trust document.
3) Supplemental information:
   A) For transfers prior to January 1, 2000, if a transfer declaration was prepared prior to January 1, 2000, "supplemental information" includes, if applicable, an extended legal description accompanying Form No. PTAX-203, Real Estate Transfer Declaration (a four-page document with a green first page and with a (R-4/94) designation in the lower left corner of the first page), or the appropriate predecessor version in effect at the time of transfer.
   B) For transfers on and after January 1, 2000, and transfers prior to January 1, 2000 if a transfer declaration was not prepared prior to January 1, 2000, "supplemental information" includes, if applicable, an extended legal description, an itemized list of personal property, a finance schedule for sales occurring during a period in which the Department is required to adjust sales prices for seller paid points and prevailing cost of cash under Section 17-10 of the Property Tax Code, and Form No. PTAX-203-A, Illinois Real Estate Transfer Declaration Supplemental Form A. Supplemental information shall accompany Form No. PTAX-203, Illinois Real Estate Transfer Declaration (a white two-page document with a (R-8/99) designation in the lower left corner of the first page), or the appropriate succeeding version in effect at the time of transfer.
   C) Form No. PTAX-203-A, Illinois Real Estate Transfer Declaration Supplemental Form A (a white one-page document with a (N-9/99) designation in the lower left corner of the first page), or the appropriate succeeding version in effect at the time of transfer, shall be prepared and submitted if the transfer involves nonresidential property for which the full actual consideration is over $1 million. In this context only, nonresidential property includes all property except: vacant land or lots, residences and apartment buildings of 6 units or fewer (e.g., single family, condominium, townhome, or duplex), mobile home residences, and farmland.
4) Electronically-produced forms:
   A) For transfers on and after January 1, 2000, electronically-produced versions of forms may be prepared on the internet Web site of the Department and printed on the preparer's printer. Forms submitted to the recorder of deeds or registrar of titles using this technology must conform to the content, edit, format, and reproduction specifications of the Department.

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B) For transfers on and after January 1, 2000, electronically-produced versions of forms may be prepared from other software programs for which the Department has tested and approved the output and printed on the preparer's printer. Forms submitted to the recorder of deeds or registrar of titles using this technology for which the Department has tested and approved the output must conform to the content, edit, format, and reproduction specifications of the Department. Electronically-produced versions of forms shall not be submitted to the recorder of deeds or registrar of titles if, without prior written approval of the Department, the software programs used to produce the forms have been revised in any manner since the time the Department tested and approved the output.

c) Forms for the transfer declaration and supplemental information, as well as specifications and output testing requirements for electronically-produced versions, may be revised by the Department in its discretion.

d) The Department may enter into a written agreement with the governing authority of a county to authorize the chief county assessment officer to electronically transmit data from the transfer declarations and supplemental information, if applicable, to the Department as required by Sections 31-30 and 31-70 of the Property Tax Code [35 ILCS 200/31-30 and 31-70]. Entry into such an agreement by the Department is contingent upon the use of compatible computer transmission methods and software by a county, the accuracy of the formatted electronic data from the transfer declarations and any supplemental information, and the adequacy of resources at the Department. The chief county assessment officer shall continue to submit the paper versions of the transfer declarations and any supplemental information until such time as the Department determines in its discretion that submission in this manner is no longer necessary.

(Source: Added at 24 Ill. Reg. 8607, effective JUN - 9 2000)

DEPARTMENT OF AGRICULTURE

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Illinois Bovidae and Cervidae Tuberculosis Eradication

2) Code Citation: 8 Ill. Adm. Code 80

3)

Section Numbers:	Emergency Action:
80.5	Amended
80.110	Amended
80.140	Amended
80.150	New Section
80.160	New Section
80.170	New Section

4) Statutory Authority: Illinois Bovidae and Cervidae Tuberculosis Eradication Act [510 ILCS 35]

5) Effective Date of Amendment: June 15, 2000

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

7) Date filed with the Index Department: June 9, 2000

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Illinois' livestock industry is threatened by a severe outbreak of bovine tuberculosis in Michigan. The disease is continuing to spread throughout the state, and the Illinois Department of Agriculture is taking measures to prevent the spread of the disease into Illinois. Illinois began its TB eradication in 1917 and was declared free of this disease in 1986. To reintroduce this disease back into Illinois would be devastating to the livestock industry and would put public health at risk. This form of tuberculosis can be transmitted to cattle, bison, cervidae, goats, humans, and companion animals.

10) A Complete Description of the Subjects and Issues Involved: The United States Department of Agriculture published a new Uniform Methods and Rules for Bovine Tuberculosis Eradication, effective January 22, 1999. The Uniform Methods and Rules for Tuberculosis Eradication in Cervidae was combined with the UM & R for Bovine Tuberculosis Eradication.

Testing requirements for cattle, bison, goats and cervids are either being added or strengthened for animals entering Illinois from non-accredited tuberculosis-free areas. Similar measures are being adopted by other states to prevent the spread of the disease.

11) Are there any proposed amendments to this Part Pending? No

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12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local governments.

13) Information and questions regarding these amendments shall be directed to:

Linda Rhodes
Illinois Department of Agriculture
State Fairgrounds, P.O. Box 19281
Springfield, Illinois 62794-9281
217/785-5713
217/785-4505 (Fax)

The full text of the emergency amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENT

TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER b: ANIMALS AND ANIMAL PRODUCTS
(EXCEPT MEAT AND POULTRY INSPECTION ACT REGULATIONS)

PART 80
ILLINOIS BOVIDAE AND CERVIDAE TUBERCULOSIS ERADICATION ACT

Section

AUTHORITY: Implementing and authorized by the Illinois Bovidae and Cervidae Tuberculosis Eradication Act [510 ILCS 35].

SOURCE: Regulations Relating to Bovine Tuberculosis, filed January 17, 1972, effective January 27, 1972; filed June 21, 1976, effective July 1, 1976; filed December 29, 1976, effective January 8, 1977; amended at 2 Ill. Reg. 24, p. 1, effective June 15, 1978; codified at 5 Ill. Reg. 10455; amended at 7 Ill. Reg. 1742, effective January 28, 1983; amended at 8 Ill. Reg. 17809, effective October 1, 1984; amended at 9 Ill. Reg. 4503, effective March 22, 1985; amended at 9 Ill. Reg. 18432, effective November 19, 1985; emergency amendment at 11 Ill. Reg. 5326, effective March 13, 1987, for a maximum of 150 days; amended at

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11 Ill. Reg. 10183, effective May 15, 1987; amended at 12 Ill. Reg. 8295, effective May 2, 1988; amended at 13 Ill. Reg. 3676, effective March 13, 1989; amended at 14 Ill. Reg. 1931, effective January 19, 1990; amended at 21 Ill. Reg. 17070, effective January 1, 1998; amended at 23 Ill. Reg. 428, effective January 1, 1999; amended at 23 Ill. Reg. 9775, effective August 9, 1999; amended at 24 Ill. Reg. 1003, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days.

Section 80.5 Definitions/Incorporations by Reference
EMERGENCY

"Accredited Tuberculosis Free State" means any state recognized as an Accredited Tuberculosis Free State as defined under the Bovine Tuberculosis Eradication Uniform Methods and Rules.

"Bovine Tuberculosis Eradication Uniform Methods and Rules" (January 22, 1999~~June 1997~~) refers to the document approved by the United States Animal Health Association (P.O. Box 28176, Suite 205, 6924 Lakeside Avenue, Richmond, Virginia 23228-0176) and the United States Department of Agriculture. This incorporation by reference does not include any future editions or amendments beyond the date specified.

~~"Uniform Methods and Rules for Tuberculosis Eradication in Cervidae" (effective July 15, 1994 and including 1996 amendments and Federal Register, Vol. 63, No. 35, February 23, 1998, pages 8837-8840) refers to the document as approved by the United States Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228) and/or the United States Department of Agriculture. This incorporation by reference does not include any future editions or amendments beyond the date specified.~~

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

Section 80.110 Breeding Cattle ~~Dairy or Beef Cattle, Bison or Steers~~
EMERGENCY

All breeding cattle ~~dairy or beef cattle or steers~~ entering or being exhibited in the State of Illinois from Accredited Tuberculosis Free States shall be accompanied by an official certificate of health issued by an accredited veterinarian. No tuberculin test is required for breeding cattle originating from Accredited Tuberculosis Free States. Breeding cattle ~~Cattle~~ entering or being exhibited in Illinois from a state that is not Tuberculosis Accredited Free shall be accompanied by an official certificate of health issued by an accredited veterinarian showing:

a) Cattle individually ~~originated from an accredited tuberculosis free herd. Accredited herd number and date of last test shall be recorded on the certificate and the cattle shall be~~ identified by ear tag number, tattoo number or registration name and number;

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b) Cattle originated from a herd where a complete negative herd test was conducted within the past year and the individual animals entering Illinois ~~originating out of state~~ were negative to two ~~a~~ tuberculin tests ~~test~~ conducted within 180 and 30 ~~60~~ days prior to entry or exhibition; or

c) If Illinois is not an Accredited Tuberculosis Free State, breeding cattle originating in Illinois were negative to a tuberculin test conducted within 90 days prior to entry or exhibition.

~~Accredited Tuberculosis Free State status is not recognized for bison but individual herd status for bison is recognized.~~

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

Section 80.140 Cervidae
EMERGENCY

a) All cervidae entering Illinois shall comply with the following:

1) For animals originating from Accredited Bovine Tuberculosis-Free Areas, be ~~Be~~ negative to two single cervical tests using 0.1 PPD Bovis tuberculin in the midcervical region with reading by observation and palpation at 72 hours, plus or minus 6 hours, no less than 90 days apart, with the second test conducted within 90 days prior to the movement, for all animals 12 months of age and over that were isolated from all other members of the herd during the testing period, unless they originate from an accredited, qualified or monitored herd:

A) Cervidae from an accredited herd may be moved into Illinois without further tuberculosis testing provided that they are accompanied by a certificate stating that such cervidae originated from an accredited herd.

B) Cervidae originating from qualified or monitored herds may enter Illinois with a negative test within 90 days prior to importation and a certificate stating that the animals originate from a monitored herd.

For animals originating from Non-Accredited Bovine Tuberculosis-Free Areas, originate from a herd where a complete herd test has been conducted within the past year and all animals found negative to a single cervical test using 0.1 PPD Bovis tuberculin in the midcervical region with reading by observation and palpation at 72 hours, plus or minus 6 hours, and the individual animals entering Illinois were negative to two single cervical tests conducted within 180 and 30 days prior to entry.

C) Institutions that have been accredited by the American Zoo and Aquarium Association (AZAA) are exempt from these requirements when movement is between accredited member

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facilities. All other movement from AZAA-accredited members must comply with these movement requirements.

2) Be accompanied by a Certificate of Veterinary Inspection issued by an accredited veterinarian within 30 days prior to importation.

3) Be individually identified by an approved eartag, microchip or tattoo.

4) Be accompanied by a permit obtained from the Department as follows:

A) Applicant for permit shall furnish the following information to the Department:

i) Name and post office mailing address of Illinois destination;

ii) Name and post office mailing address of consignor;

iii) Number of cervidae in shipment.

B) Grounds for refusal to issue permit are:

i) Violation of the Act or any rule of this Part;

ii) Presence of a disease which might endanger the Illinois livestock industry;

iii) Refusal to provide required information for the permit.

C) Permits will be issued by telephoning or writing the Department.

b) Accredited, qualified and monitored tuberculosis-free cervidae herds shall be established and maintained in accordance with the Uniform Methods and Rules for Bovine Tuberculosis Eradication ~~in Cervidae~~.

c) Cervidae entering Illinois must also be in compliance with the Illinois Wildlife Code [520 ILCS 5].

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

Section 80.150 Goats
EMERGENCY

Goats entering Illinois for any reason, including exhibition, from states that are not Accredited Bovine Tuberculosis Free must be accompanied by a health certificate indicating that the animals originated from a herd where a complete negative herd test has been conducted within the past 12 months, and the individual animals entering Illinois are negative to a tuberculin test conducted within 30 days prior to entry.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

Section 80.160 Testing Requirements for Cattle from Non-Accredited Free Areas
EMERGENCY

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Cattle originating from Non-Accredited Free areas must meet the following testing requirements prior to entry into Illinois:

a) Cattle entering Illinois for breeding purposes must originate from a herd where a complete negative herd test has been conducted within the past 12 months, and the individual animals must have had two negative tests within 180 and 30 days prior to entry.

b) Cattle entering Illinois for feeding or grazing purposes must originate from a herd where a complete negative herd test has been conducted within the past 12 months, and the individual animals must have had an individual negative test within 30 days prior to entry.

c) Cattle entering Illinois for exhibition must originate from a herd where a complete negative herd test has been conducted within the past year, and the individual animals must have had two negative tests within 180 and 30 days prior to entry.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

Section 80.170 Bison
EMERGENCY

Accredited free state status is not recognized for bison entering Illinois. Bison entering Illinois for any reason, including exhibition must:

a) Originate from an accredited tuberculosis-free herd, and the individual animals entering Illinois must have had an individual negative test within 30 days prior to entry; or

b) Originate from a herd where a complete negative herd test has been conducted within the past 12 months, and the individual animals must have had two negative tests within 180 and 30 days prior to entry.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 8613, effective June 15, 2000, for a maximum of 150 days)

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1) Heading of the Part: Illinois Pseudorabies Control Act

2) Code Citation: 8 Ill. Adm. Code 115

3)

Section Number:	Emergency Action:
115.80	Amended
115.100	Amended
115.110	Amended

4) Statutory Authority: Illinois Pseudorabies Control Act [510 ILCS 90]

5) Effective Date of Amendments: June 15, 2000

6) If this emergency amendment, is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

7) Date Filed with the Index Department: June 9, 2000

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Illinois' swine industry is threatened by the reintroduction of the disease pseudorabies. Illinois had been free of the disease since May 1999 and received Stage IV designation under the Program Standards for Pseudorabies Eradication on October 1, 1999. In February 2000, four Illinois herds broke with pseudorabies. One herd in Ogle County was infected as a result of importing infected breeding swine from Iowa. Two additional herds in Henry and Whiteside Counties are suspected as becoming infected through indirect contact with Iowa swine.

10) A Complete Description of the Subjects and Issues Involved: Iowa has over 600 herds infected with pseudorabies. The Department is taking these emergency measures to protect the Illinois swine industry by strengthening the import testing requirements for swine from Stage I/II states (Iowa is the only state in the country with this category).

Restrictions are also being placed on Illinois exhibition animals exhibiting out of state. Although the threat of exposure at exhibition is minimal, the risk of infection does exist.

11) Are there any proposed amendments to this Part pending: No

12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local governments.

13) Information and questions regarding this amendment, shall be directed to:

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Linda Rhodes
Illinois Department of Agriculture
State Fairgrounds, P.O. Box 19281
Springfield, Illinois 62794-9281
217/785-5713
217/785-4505 (fax)

The full text of the emergency amendments begins on the next page:

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TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER b: ANIMALS AND ANIMAL PRODUCTS
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PART 115
ILLINOIS PSEUDORABIES CONTROL ACT

Section
115.10 Definitions
115.15 Incorporation by Reference
115.20 Pseudorabies Quarantines
115.30 General Requirements for Qualified Pseudorabies Negative, Negative Gene-Altered Vaccinated and Feeder Swine Pseudorabies Monitored Herds
115.40 Requirements for Establishing and Maintaining Qualified Pseudorabies Negative Herds
115.50 Requirements for Establishing and Maintaining Pseudorabies Qualified-Negative Gene-Altered Vaccinated (QNV) Swine Herds
115.60 Requirements for Establishing and Maintaining Feeder Swine Pseudorabies Monitored Herds (Repealed)
115.70 Pseudorabies Test Requirements for Intrastate Movement
115.80 Pseudorabies Testing of Feeder Swine
EMERGENCY
115.90 Feeder Swine
115.100 Breeding Animals Consigned to Slaughter
EMERGENCY
115.110 Swine Intended for Slaughter; Permit
EMERGENCY
115.120 Use of Vaccine

AUTHORITY: Implementing and authorized by the Illinois Pseudorabies Control Act [510 ILCS 90].

SOURCE: Adopted at 12 Ill. Reg. 3394, effective January 22, 1988; amended at 13 Ill. Reg. 3685, effective March 13, 1989; amended at 14 Ill. Reg. 1935, effective January 19, 1990; amended at 14 Ill. Reg. 5065, effective March 21, 1990; amended at 14 Ill. Reg. 15318, effective September 10, 1990; amended at 16 Ill. Reg. 11781, effective July 8, 1992; emergency amendment at 17 Ill. Reg. 5906, effective March 17, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 14006, effective August 16, 1993; amended at 20 Ill. Reg. 1542, effective January 12, 1996; amended at 21 Ill. Reg. 904, effective January 7, 1997; amended at 21 Ill. Reg. 17079, effective January 1, 1998; amended at 23 Ill. Reg. 434, effective January 1, 1999; amended at 24 Ill. Reg. 1012, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 8620, effective June 15, 2000, for a maximum of 150 days.

Section 115.80 Pseudorabies Testing of Feeder Swine
EMERGENCY

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Swine for feeding purposes shall, in addition to complying with the other requirements of this Part and 8 Ill. Adm. Code 105.10, enter or move within Illinois without further testing requirements for pseudorabies if:

a) The swine are from a qualified pseudorabies negative herd, or a QNV herd where the last monitoring test has been conducted within 15 days from Stage I and II states, or a herd where a 95/10 test of the breeding herd, or, if the breeding herd is not on the same premises, of the feeder swine on the premises, was conducted within 15 ~~30~~ days prior to shipment into Illinois or 30 days for movement within Illinois; or

b) The swine originate from a state that has been classified as Stage IV or V under the Pseudorabies Eradication State-Federal-Industry Program Standards or originate from a country that meets the requirements for Stage V. If there are multiple pseudorabies classifications within a state, the lowest classification shall be recognized by this Department as the classification for that entire state.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8620, effective June 15, 2000, for a maximum of 150 days)

Section 115.100 Breeding Animals Consigned to Slaughter
EMERGENCY

Before being mixed with swine from any other source, all breeding animals consigned to slaughter or offered for sale for slaughter shall be identified to the herd of origin by an approved identification tag in accordance with the Swine Identification Program (9 CFR 78.33, 2000 ~~1998~~). The tag shall be applied to the back of the neck of each animal. A report of such identification shall be made on forms provided by the United States Department of Agriculture and shall be submitted to the Department within 30 days of application. If such swine are slaughtered in Illinois, the management of the Illinois slaughter facility shall, upon written request from the Department or from the U.S. Department of Agriculture, provide for or permit the collection of blood samples for testing from the identified swine.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8620, effective June 15, 2000, for a maximum of 150 days)

Section 115.110 Swine Intended for Slaughter; Permit
EMERGENCY

Animals consigned to slaughter from Stage I or II states ~~or~~ from non-infected ~~infected~~ or unexposed ~~exposed~~ herds may be shipped into Illinois only upon permit from the Department and shall go directly to a recognized slaughter establishment or approved slaughter market. Animals from infected or exposed herds may be shipped into Illinois only upon permit from the Department and move directly to a recognized slaughter establishment. The vehicles transporting infected or exposed swine are not allowed to pick up additional

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animals in Illinois until the official seal has been officially broken at the slaughter facility and the infected swine unloaded. Permits to import slaughter swine from Stage I or II states or infected or exposed herds shall be issued by telephoning or writing the Department.

a) The applicant for the permit shall furnish the following information to the Department:
   1) Name and complete mailing address of Illinois destination.
   2) Name and address of consignor.
   3) Number of swine in shipment.

b) Grounds for refusal to issue a permit are:
   1) Violation of the Act or any rule of this Part.
   2) Presence of a disease that might endanger the Illinois swine industry.

Swine originating from any quarantined herd must be shipped in a sealed vehicle and accompanied by a shipping permit VS Form 1-27.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8620, effective June 15, 2000, for a maximum of 150 days)

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1) Heading of the Part: Swine Disease Control and Eradication Act

2) Code Citation: 8 Ill. Adm. Code 105

3)

Section Numbers:	Emergency Action:
105.5	Amendment
105.7	Amendment
105.10	Amendment
105.30	Amendment
105.110	New Section
105.120	New Section

4) Statutory Authority: Illinois Swine Disease Control and Eradication Act [510 ILCS 1001], Illinois Pseudorabies Control Act [510 ILCS 90] and Illinois Swine Brucellosis Eradication Act [510 ILCS 95].

5) Effective Date of Amendment: June 15, 2000

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

7) Date Filed with the Index Department: June 9, 2000

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Illinois' swine industry is threatened by the reintroduction of the disease pseudorabies. Illinois had been free of the disease since May 1999 and received Stage IV designation under the Program Standards for Pseudorabies Eradication on October 1, 1999. In February 2000, four Illinois herds broke with pseudorabies. One herd in Ogle County was infected as a result of importing infected breeding swine from Iowa. Two additional herds in Henry and Whiteside Counties are suspected as becoming infected through indirect contact with Iowa swine.

10) A complete Description of the Subjects and Issues Involved: Iowa has over 600 herds infected with pseudorabies. The Department is taking these emergency measures to protect the Illinois swine industry by strengthening the import testing requirements for swine from Stage I/II states (Iowa is the only state in this country with this category).

Restrictions are also being placed on Illinois exhibition animals exhibiting out of state. Although the threat of exposure at exhibition is minimal, the risk of infection does exist.

11) Are there any proposed amendments to this Part Pending? No

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12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local governments.

13) Information and questions regarding these amendments shall be directed to:

Linda Rhodes
Illinois Department of Agriculture
State Fairgrounds, P.O. Box 19281
Springfield, Illinois 62794-9281
217/785-5713
217/785-4505 (Fax)

The full text of the Emergency Amendments begins on the next page:

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TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER b: ANIMALS AND ANIMAL PRODUCTS
(EXCEPT MEAT AND POULTRY INSPECTION ACT REGULATIONS)

PART 105
SWINE DISEASE CONTROL AND ERADICATION ACT

Section

AUTHORITY: Implementing and authorized by the Illinois Swine Disease Control and Eradication Act [510 ILCS 100], the Illinois Pseudorabies Control Act [510 ILCS 90], and the Illinois Swine Brucellosis Eradication Act [510 ILCS 95].

SOURCE: Rules and Regulations Relating to the Illinois Swine Disease Control and Eradication Act, filed February 24, 1975, effective March 6, 1975; 2 Ill. Reg. 24, p. 31, effective June 15, 1978; 2 Ill. Reg. 46, p. 10, effective November 11, 1978; 3 Ill. Reg. 33, p. 341, effective January 1, 1980; 5 Ill. Reg. 3, p. 745, effective January 2, 1981; 5 Ill. Reg. 45, p. 12100, effective October 27, 1981; codified at 5 Ill. Reg. 10461; amended at 5 Ill. Reg. 13619,

effective December 4, 1981; amended at 8 Ill. Reg. 5998, effective April 23, 1984; amended at 9 Ill. Reg. 2236, effective February 15, 1985; amended at 9 Ill. Reg. 18435, effective November 19, 1985; amended at 10 Ill. Reg. 9758, effective May 21, 1986; amended at 11 Ill. Reg. 10187, effective May 15, 1987; amended at 11 Ill. Reg. 10538, effective May 21, 1987; amended at 12 Ill. Reg. 3440, effective January 22, 1988; amended at 13 Ill. Reg. 3715, effective March 13, 1989; amended at 14 Ill. Reg. 1961, effective January 19, 1990; amended at 14 Ill. Reg. 15322, effective September 10, 1990; amended at 16 Ill. Reg. 11799, effective July 8, 1992; emergency amendment at 17 Ill. Reg. 5910, effective March 17, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 14010, effective August 16, 1993; amended at 18 Ill. Reg. 1880, effective January 24, 1994; amended at 18 Ill. Reg. 17968, effective January 1, 1995; amended at 20 Ill. Reg. 1563, effective January 12, 1996; amended at 21 Ill. Reg. 917, effective January 7, 1997; amended at 21 Ill. Reg. 17094, effective January 1, 1998; amended at 23 Ill. Reg. 459, effective January 1, 1999; amended at 24 Ill. Reg. 1017, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days.

Section 105.5 Definitions
EMERGENCY

The definitions for this Part shall be as set forth in the general definitions Section (8 Ill. Adm. Code 20.1). Also, the following definitions shall apply to this Part:

"Act" means the Illinois Swine Disease Control and Eradication Act [510 ILCS 100].

"Feral swine" mean swine that have lived any part of their lives free roaming. Swine may lose their designation as feral if they are maintained in captivity for at least 30 days and are tested negative for pseudorabies and brucellosis.

"Official random-sample test" (95/5) means a sampling procedure utilizing official pseudorabies serologic tests that provide a 95% probability of detecting infection in a herd in which at least 5% of the swine are seropositive for pseudorabies. Each segregated group of swine on an individual premises must be considered a separate herd and sampled as follows:

Less than 100 head - test 45
100-200 head - test 51
201-999 head - test 57
1000 and over - test 59

"Official random-sample test" (95/10) means a sampling procedure utilizing official pseudorabies serologic tests that provide a 95%

probability of detecting infection in a herd in which at least 10% of the swine are seropositive for pseudorabies. Each segregated group of swine on an individual premises must be considered a separate herd and sampled as follows:

Less than 100 herd - test 25
100-200 head - test 27
201-999 head - test 28
1000 and over - test 29

"Pig shows/sales" means events where feeder swine are commingled and sold with the intent of the swine being used for exhibition purposes.

"Site tattoo" means a permanent mark applied in the right ear or a slap tattoo on the right shoulder showing a unique number giving state and herd of origin. The unique number shall be assigned and approved by the Chief Animal Health Official of the state of origin or by the Federal Veterinarian in charge for that state.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

Section 105.7 Incorporation by Reference
EMERGENCY

The Pseudorabies Eradication State-Federal-Industry Program Standards (Jan. 2000~~1999~~) as approved by the United States Animal Health Association (P.O. Box 28176, Suite 205, 6924 Lakeside Avenue, Richmond, Virginia 23228-0176) and the Swine Brucellosis Eradication Uniform Methods and Rules (April 1998; as approved by the United States Animal Health Association, P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228) are incorporated by reference in this Part and do not include any later amendments or editions beyond the date specified.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

Section 105.10 Swine Entering Illinois for Feeding Purposes Only
EMERGENCY

a) Feeder swine, except feral swine, may enter Illinois provided they are identified by an ear tag or site tattoo in the right ear showing state of origin and accompanied by a permit from the Department and an official health certificate.
b) Official health certificate shall:
   1) Be issued by an accredited veterinarian of the state of origin or a veterinarian in the employ of the United States Department of Agriculture;

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2) Be approved by the Animal Health Official of state of origin;
3) Show that the feeder swine are free from visible evidence of any contagious, infectious, or communicable disease or exposure thereto;
4) Show that the feeder swine are not from a quarantined herd and/or area;
5) List number and description of the feeder swine, site tattoos, ear tag series or location of ear tag records when pigs originate from cooperative feeder pig sales; and
6) Show that the swine originated from a herd in which a representative sample of the ~~breeding~~ herd has been tested and found negative for pseudorabies (8 Ill. Adm. Code 115.80), originate from a qualified pseudorabies negative or pseudorabies negative gene-altered vaccinated herd or originate from a state that has been classified as Stage ~~III~~ IV or V under the Pseudorabies Eradication State-Federal-Industry Program Standards. If there are multiple pseudorabies classifications within a state, the lowest classification shall be recognized by this Department as the classification for that entire state.

c) Permits:
1) Permits to import feeder swine shall only be issued to:
A) An Illinois licensed feeder swine dealer; and
B) A person importing pigs to feed on his own premises and not for resale other than to slaughter.
2) Applicant for permit shall furnish the following information to the Department:
A) Name and complete mailing address of Illinois destination.
B) Name and address of consignor.
C) Number of swine in shipment.
D) Pseudorabies vaccination status of swine.
3) Grounds for refusal to issue a permit are:
A) Violation of the Act or any rule of this Part.
B) If a person should be licensed under the Illinois Feeder Swine Dealer Licensing Act [225 ILCS 620] and his or her license is not in good standing with the Department.
C) Presence of a disease which might endanger the Illinois swine industry.

d) Imported feeding swine from Stage I or II states shall be quarantined to the Illinois premises until a 95/10 random sample test has been performed on the imported animals 21 to 60 days post importation.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

Section 105.30 Swine Entering Illinois for Breeding Purposes
EMERGENCY

a) Swine for breeding purposes, or of breeding age returning to Illinois after exhibition, except feral swine, may enter Illinois provided they are accompanied by a permit from the Department and an official health certificate.

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b) Official health certificate shall:
1) Be issued by an accredited veterinarian of the state of origin or by a veterinarian in the employ of the United States Department of Agriculture;
2) Be approved by the Animal Health Official of the state of origin;
3) Identify each animal by registration number, approved ear tag, breed registry tattoo, or ear notch approved by the respective breed registry;
4) Show the swine are free from visible evidence of contagious, infectious, or communicable diseases;
5) Show that the swine are not from a quarantined herd and/or area;
6) Show any swine more than 4 months of age to be negative to an official test for brucellosis, conducted by an approved laboratory within 30 days prior to entry, OR that the swine originate from a validated brucellosis-free herd, with validated herd number and validation date listed on the health certificate, OR that the swine originate from a validated brucellosis-free state (Swine Brucellosis Eradication Uniform Methods and Rules; and
7) Show any swine to be negative to an official test for pseudorabies conducted by an approved laboratory within 30 days prior to entry OR that the swine originated from a qualified pseudorabies negative herd where at least half of the last monitoring test has been conducted within 15 days (testing half of the required monthly number of swine every 15 days is acceptable - Stage I or II states only. Monthly or quarterly testing is acceptable in Stage III states), with the qualified herd number and qualification date listed on the health certificate, pseudorabies vaccination status of swine, OR that the swine originated from a country that meets the requirements for Stage V or from a state that has been classified as Stage IV or State V under the Pseudorabies Eradication State-Federal-Industry Program Standards. If there are multiple pseudorabies classifications within a state, the lowest classification shall be recognized by this Department as the classification for that entire state if the state is split with a classification of Stage III and below. Split state status will be recognized for split III/IV and above.

c) Permits:
1) Permits to import breeding swine shall be issued by telephoning or writing the Department.
2) Applicant for permit shall furnish the following information to the Department:
Name and complete mailing address of Illinois destination;
Name and address of consignor;

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Number of swine in shipment; and
Pseudorabies vaccination status of swine.

3) Grounds for refusal to issue a permit are:
A) Violation of the Act or any rule of this Part; and
B) Presence of a disease which might endanger the Illinois swine industry.

d) Imported breeding animals or swine of breeding age returning to Illinois after exhibition shall be kept quarantined and isolated until a percentage of the imported breeding swine are retested and negative to an official test for pseudorabies conducted not less than 21 days nor more than 60 days after entering Illinois. If the number of imported breeding animals is 35 or less, all or at least 10 animals, whichever is less, are to be tested. If more than 36 imported breeding animals are involved, a minimum of 30 percent or 30 animals, whichever is less, is to be tested. Imported breeding swine originating from a country that meets the requirements for Stage V or a state that has been classified as Stage IV or Stage V under the Pseudorabies Eradication State-Federal-Industry Program Standards are exempt from the isolation and retest provisions. If there are multiple pseudorabies classifications within a state, the lowest classification shall be recognized by this Department as the classification for that entire state if the state is split with a classification of Stage III and below. Split state status will be recognized for split III/IV and above.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

Section 105.110 Swine Entering Illinois for Exhibition Purposes Other Than Through Show/Pig Sales
EMERGENCY

Swine of any age entering Illinois for exhibition purposes other than through show/pig sales must comply with the following:

a) Exhibition swine may enter Illinois provided they are identified by an ear tag, tattoo or recognized breed ear notch, and accompanied by a permit from the Department and an official health certificate.

b) Official health certificate shall:
1) Be issued by an accredited veterinarian of the state of origin or a veterinarian in the employ of the Unite States Department of Agriculture;
2) Be approved by the Animal Health Official of state of origin;
3) Show that the exhibition swine are free from visible evidence of any contagious, infectious or communicable disease or exposure thereto;
4) Show that the exhibition swine are not from a quarantined herd and/or area;
5) Show that the swine originated from a Stage III, IV or V state and are negative to an official test for pseudorabies conducted within the past 30 days prior to entry; OR that the swine originated from a qualified pseudorabies negative herd in a Stage III, IV or V state, and the qualified pseudorabies negative herd number and date of last qualification test is listed on the health certificate; OR that the swine originated from a Stage I or II state and are negative to an official test for pseudorabies conducted within the past 10 days prior to entry; and
6) Show breeding swine, four months of age and over, to be negative to official test for brucellosis within 30 days prior to exhibition; OR that the swine originated from a validated brucellosis-free herd with the herd number and date of last validation test listed on the health certification; or the swine originated from a validated brucellosis-free state.

c) Permits:
1) Applicant for permit shall furnish the following information to the Department:
A) Name and complete mailing address of Illinois destination;
B) Name and address of consignor;
C) Number of swine in shipment; and
D) Pseudorabies vaccination status of swine.
2) Grounds for refusal to issue a permit are:
A) Violation of the Act or any rule of this Part; and
B) Presence of a disease which might endanger the Illinois swine industry.

Swine consigned to terminal market classes must meet the same test requirements as exhibition swine if these classes are held "exhibits not intended for slaughter." When terminal classes are held on a day when no other livestock are present, these animals are exempt from all test requirements and do not need a health certificate and permit, unless the animals are originating from State I or Stage II states, when the health certificate and permit is still required. All swine in terminal classes must be identified by a site tattoo. Swine from pseudorabies quarantined herds are not allowed to exhibit regardless of whether or not the show is terminal or non-terminal.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

Section 105.120 Illinois Exhibition Swine
EMERGENCY

Illinois exhibition swine of any age must meet the following requirements:

a) Be accompanied by a health certificate issued within 90 days prior to exhibition and individually identified by ear tag, tattoo or recognized ear notch. Ear notch identification is acceptable for barrows, crossbred gilts and breeding swine.

b) Official health certificate shall:
1) Be issued by an accredited veterinarian of the state of origin or

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a verinarian in the employ of the United States Department of Agriculture;

2) Show that the exhibition swine are free from visible evidence of any contagious, infectious or communicable disease or exposure thereto;

3) Show that the exhibition swine are not from a quarantined herd and/or area; and

4) Show that the swine are negative to an official test for pseudorabies conducted within the past 90 days prior to exhibition; OR that the swine originated from a qualified pseudorabies negative herd and the qualified pseudorabies negative herd number and date of last qualification test is listed on the health certificate.

Illinois swine exhibited in Stage I or Stage II states or out-of-state shows allowing Stage I or II state pigs to exhibit returning to Illinois must be isolated and retested negative to an official test for pseudorabies 21-60 days after returning to Illinois before being able to be exhibited in Illinois or return to the herd of origin.

Swine consigned to terminal market classes must meet the same test requirements as exhibition swine if these classes are held "exhibits not intended for slaughter." When terminal classes are held on a day when no other livestock are present, these animals are exempt from all test requirements and do not need a health certificate. All swine in terminal classes must be identified by a site tattoo. Swine from pseudorabies quarantined herds are not allowed to exhibit regardless of whether or not the show is terminal or non-terminal.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 8625, effective June 15, 2000, for a maximum of 150 days)

ILLINOIS COMMERCE COMMISSION

NOTICE OF EMERGENCY RULES

1) Heading of the Part: Requirements for Non-Business Entities with Private Business Switch Service to Comply with the Emergency Telephone System Act

2) Code Citation: 83 Ill. Adm. Code 727

3)

Section Numbers:	Emergency Action:
727.100	New Section
727.105	New Section
727.200	New Section
727.205	New Section
727.300	New Section
727.305	New Section
727.400	New Section
727.500	New Section
727.505	New Section
727.510	New Section

4) Statutory Authority: Implementing and authorized by Section 15.6 of the Emergency Telephone System Act [50 ILCS 750/15.6].

5) Effective Date of Rules: June 13, 2000

6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which they are to expire: Not applicable

7) Date Filed with the Index Department: June 8, 2000

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Commission's office in Springfield and is available for public inspection.

9) Reason for Emergency: Section 15.6 of the Emergency Telephone System Act states that "After June 30, 2000, or within 18 months after enhanced 9-1-1 service becomes available, any entity that installs or operates a private business switch service and provides telecommunications facilities or services to businesses shall assure that the system is connected to the public switched network in a manner that calls to 9-1-1 result in automatic number and location identification." In order for there to be coverage of the specified non-business entities that are not covered by 83 Ill. Adm. Code 726, it is necessary to use emergency rulemaking procedures to provide rules by June 30, 2000.

10) A Complete Description of the Subjects and Issues Involved: The establishment of Part 727 is required to implement Public Act 91-0518. The emergency rules provide clarification to the statute as well as setting specific guidelines for private business switch operators/owners who want to establish their own Private Emergency Answering Point in Illinois. The

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rules have taken into consideration the technical aspects as well as aspects of public safety in order to produce a suitable set of guidelines for engineering and operations.

11) Are there any proposed amendments to this Part pending? No

12) Statement of Statewide Policy Objectives: These emergency rules neither create nor expand any state mandate on units of local government, school districts, or community college districts.

13) Information and questions regarding these rules shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
P.O. Box 19280
Springfield IL 62794-9280
(217) 785-3922
Fax: (217)524-9280

The full text of the Emergency Rules appears on the next page:

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TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER f: TELEPHONE UTILITIES

PART 727
REQUIREMENTS FOR NON-BUSINESS ENTITIES WITH PRIVATE BUSINESS SWITCH SERVICE TO COMPLY WITH THE EMERGENCY TELEPHONE SYSTEM ACT

SUBPART A: GENERAL PROVISIONS

Section
727.100 Application of Part
EMERGENCY
727.105 Definitions
EMERGENCY

SUBPART B: STANDARDS OF SERVICE

Section
727.200 General Standards and Requirements
EMERGENCY
727.205 Non-business Entity Compliance
EMERGENCY

SUBPART C: AUTHORIZATION TO OPERATE

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726.300 Order of Authority/Application Process
EMERGENCY
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SUBPART D: ENGINEERING

Section
727.400 Private Emergency Answering Point
EMERGENCY

SUBPART E: OPERATIONS

Section
727.500 System Review and Reporting
EMERGENCY
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AUTHORITY: Implementing and authorized by Section 15.6 of the Emergency Telephone System Act [50 ILCS 750/15.6].

SOURCE: Emergency rules adopted at 24 Ill. Reg. 8635, effective June 13, 2000, for a maximum of 150 days; emergency rules suspended at 24 Ill. Reg. 8650, effective June 13, 2000.

SUBPART A: GENERAL PROVISIONS

Section 727.100 Application of Part
EMERGENCY

This Part shall apply to any private business switch operator that is also a non-business entity in the State of Illinois, except to the extent of any exemptions conferred by Section 15.6(a) and (b) of the Emergency Telephone System Act [50 ILCS 750/15.6(a) and (b)]. Also see Section 727.205(b) of this Part.

Section 727.105 Definitions
EMERGENCY

"Automatic Location Identification" or "ALI" - A feature or function that transmits the 9-1-1 caller's address and, where required, the Distinct Location Identification to the public safety answering point (PSAP) in an Enhanced 9-1-1 system.

"Automatic Number Identification" or "ANI" - Automatic display of the 9-1-1 calling party's telephone number on the PSAP monitor.

"Call referral" - A 9-1-1 service in which the Private Emergency Answering Point (PEAP) operator provides the calling party with the telephone number of the appropriate public safety agency or other providers of emergency services.

"Call relay" - A 9-1-1 service whereby the PEAP operator takes the pertinent information from the caller and relays that information to the appropriate public safety agency or other emergency responders.

"Call transfer" - A 9-1-1 service in which the PEAP operator receiving a call will transfer the incoming call to the appropriate public safety agency or other emergency responders.

"Centrex-type service" - A telecommunications system that is central office based and has feature characteristics similar to a private branch exchange (PBX). The switching of calls, both intercom and local/long distance, is performed at the local exchange carrier's facilities.

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"Commission" - The Illinois Commerce Commission.

"Direct dispatch" - A 9-1-1 service that provides for the direct dispatch by a PEAP operator of the appropriate public safety agency or other emergency responders upon receipt of a telephone request for such services and the decision as to the proper action to be taken.

"Direct inward dialing" or "DID" - The ability for an outside caller to be connected to an internal telephone extension without intervention by an operator or attendant.

"Distinct Location Identification" or "DLI" - An additional location identification that provides specific identification of a building, complex or campus. A DLI could include a floor number, wing name/number and building name/number for every 40,000 square feet of workspace.

"Emergency call" - A telephone request for emergency services which requires immediate action to prevent loss of life, reduce bodily injury, and/or prevent or reduce loss of property.

"Emergency responders" - Other providers of emergency services in addition to public safety agencies and private companies. These responders typically provide security protection, fire protection and medical assistance within a particular non-business entity that handles its internal 9-1-1 calls.

"Enhanced 9-1-1" or "E9-1-1" - An emergency telephone system with specific electronically controlled features such as ALI, ANI, or selective routing, and that uses a Master Street Address Guide (MSAG) geographic file.

"Location identification" - The street address of the workspace.

"Master Street Address Guide" or "MSAG" - The computerized geographical file consisting of all streets and address data within the 9-1-1 system area. This database is the key to the selective routing capability of 9-1-1 systems. The database matches an originating caller to a specific answering point based on the address data. The MSAG may require updating after the initial file is established.

"Non-business entity" means any entity not a business, as "business" is defined in 83 Ill. Adm. Code 726.105. "Non-business entity" shall include, but not necessarily be limited to, any municipality or unit of local government as defined in Article 7, Section 1 of the Illinois Constitution of 1970; any entity that is also a school operated by authority of the School Code [105 ILCS 5]; or any entity that is a not

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for profit organization that qualifies for tax exempt status under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code of 1986 (26 USC 501).

"Private business switch service" - A telecommunications service such as Centrex type service or telecommunications equipment such as a private branch exchange service (PBX) system. The term "private business switch service" does not include key telephone systems or equivalent telephone systems registered with the Federal Communications Commission under 47 CFR 68 when not used in conjunction with Centrex type and PBX systems. In instances where Centrex type service is used in conjunction with key telephone systems not emulating PBX functionality, the responsibility for passing ANI and ALI rests with the carrier providing the Centrex. Private business switch services are typically used by, but are not limited to, private businesses, corporations, not for profit organizations, schools, governmental units and industries where the telecommunications service is primarily for conducting business.

"Private Emergency Answering Point" or "PEAP" - A place within a non-business entity where the operators answer and dispatch 9-1-1 calls from within the facility. A non-business entity must obtain certification to handle internal 9-1-1 calls from its internal switch.

"Public agency" - *The State and any unit of local government or special purpose district located in whole or in part within this State that provides or has authority to provide fire fighting, police, ambulance, medical, or other emergency services.* [50 ILCS 750/2.01]

"Public area" - An area within a building where the general public and/or the non-business entity patrons have access on a regular basis. Such areas would include, but not be limited to, reception areas, corridors, lobbies, and waiting rooms.

"Public safety agency" - *A functional division of a public agency that provides firefighting, police, medical, or other emergency services.* [50 ILCS 750/2.02]

"Public safety answering point" or "PSAP" - The PSAP is the initial answering location of a 9-1-1 call within a municipality or county. The PSAP is also know as a "Center."

"Text telephone" or "TT" - A teletypewriter, a device that employs graphic or Braille communication in the transmission of coded signals through a wire or radio communication system.

"Workspace" - The physical building area where work is normally performed. This is a net square footage measurement which includes

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hallways, conference rooms, restrooms, break rooms, and/or storage rooms but does not include wall thickness, shafts, heating/ventilating/air conditioning equipment spaces, mechanical/electrical spaces or other similar areas where employees do not normally have access.

SUBPART B: STANDARDS OF SERVICE

Section 727.200 General Standards and Requirements
EMERGENCY

The digits "9-1-1" shall be the primary emergency telephone number within a county or municipality that has received Commission approval of a 9-1-1 system. In areas where Enhanced 9-1-1 is available, a private business switch operator must ensure that its system is capable of meeting the requirements set forth in Section 727.205. Nothing in this Section shall require changes in customary dialing patterns (i.e., using the prefix or access code 9 to obtain an outside line before dialing 9-1-1).

Section 727.205 Non-business Entity Compliance
EMERGENCY

a) *After June 30, 2000, or within 18 months after Enhanced 9-1-1 is made available, any entity that installs or operates a private business switch service and provides telecommunications facilities or services to non-business entities shall assure that such a system in the non-business entity is connected to the public switched network in a manner so that calls to 9-1-1 result in automatic number identification (ANI) and automatic location identification (ALI).* [50 ILCS 750/15.6(a)]
   1) ANI shall be provided based on the following criteria, which are minimum standards:
      A) For buildings having their own street address and containing workspace of 40,000 square feet or less, one ANI shall be transmitted to the 9-1-1 system;
      B) For buildings having their own street address and containing workspace of more than 40,000 square feet, one ANI per 40,000 square feet of workspace shall be transmitted to the 9-1-1 system;
      C) For private business switch operators/owners providing service in multi-floor buildings and sharing space with other non-related entities, a distinct ANI for each entity shall be transmitted to the appropriate 9-1-1 system per 40,000 square feet of workspace; and
      D) For private business switch operators/owners providing service in multi-building locations and sharing space with other non-related entities, a distinct ANI for each entity shall be transmitted to the appropriate 9-1-1 system.

2) The ALI information shall follow the database format defined by the National Emergency Number Association Recommended Formats for Data Exchange Version 1 or 2.1, "NENA Recommended Formats & Protocols For Data Exchange" (May 1999, published by the National Emergency Number Association, 4789 Papermill Road, Coshocton, OH 43812). This incorporation does not include any later amendments or editions. ALI requirements are based on the following criteria when a 9-1-1 call is placed:

A) *For buildings having their own street address and containing workspace of 40,000 square feet or less, one ALI shall be transmitted to the 9-1-1 system and will include the building's street address.*

B) *For buildings having their own street address and containing workspace of more than 40,000 square feet, location identification shall include the building's street address (ALI) and one DLI per 40,000 square feet of workspace.* ALI and DLI information shall be transmitted to the 9-1-1 system. The DLI shall, as accurately as possible, specify the location from which the 9-1-1 call is being placed. For example, if the area contains multiple floors, the DLI shall specify all floor numbers included in the 40,000 square feet of workspace. The DLI must be able to identify the entire 40,000 square feet of workspace.

C) For private business switch operators/providers providing service in multi-floor buildings and sharing space with other non-related entities, a DLI for each entity shall be transmitted to the appropriate 9-1-1 system.

D) For private business switch operators/providers providing service in multi-building locations and sharing space with other non-related entities, a DLI for each entity shall be transmitted to the appropriate 9-1-1 system.

E) *Separate buildings containing workspace of 40,000 square feet or less having a common public street address shall have a DLI for each building in addition to the street address.* [50 ILCS 750/15.6(a)]

3) In cases where clarification is needed, the business switch owner/operator shall work with 9-1-1 system management and the database provider to implement a usable DLI.

b) Exemptions to subsection (a) of this Section.

1) *Buildings containing workspace of more than 40,000 square feet are exempt from the multiple location identification requirements* in subsections (a)(2)(B) and (E) of this Section *if the building maintains, at all times, alternative and adequate means of signaling and responding to emergencies. Those means shall include, but not be limited to, a telephone system that provides the physical location of 9-1-1 calls coming from within the building.*

A) Non-business entities that qualify for this exemption must have staff available to meet the public safety agency responding to the 9-1-1 call at the designated address. This staff must be able to direct the public safety agency to the site of the emergency.

B) Non-business entities that qualify for this exemption must not intercept the 9-1-1 call. All 9-1-1 calls under this exemption will be directly selectively routed to the appropriate 9-1-1 system.

C) Buildings under this exemption must, however, ensure that the appropriate building street address where the call originated is being provided to the 9-1-1 system.

D) A non-business entity seeking exemption under this subsection (b)(1) shall provide notice that it seeks such exemption to the public safety agency with jurisdiction over the physical location of the building for which exemption is sought, and to the Commission. Nothing in this subsection shall be construed to limit the Commission's authority to investigate and revoke or impose conditions upon such exemptions if it determines, after notice and hearing, that such revocation or imposition of conditions is reasonably necessary to insure the public safety.

2) *Health care facilities are presumed to meet the requirements* of subsection (b)(1) *if the facilities are staffed with medical or nursing personnell 24 hours per day and if an alternative means of providing information about the source of an emergency call exists.* Buildings under this exemption must provide 9-1-1 service that provides the building's address.

3) *Buildings containing workspace of more than 40,000 square feet* or sites that contain multiple buildings sharing the same address or non-business entities that occupy multiple buildings in close proximity with different addresses that maintain, *at all times, alternative and adequate means of signaling and responding to emergencies, including a telephone system that provides the location of a 9-1-1 call coming from within the building, and that are serviced by their own medical, fire and security personnel, may qualify for an exemption pending Commission approval of the non-business entity's emergency phone system. Certification by the Commission is necessary prior to a non-business entity answering and dispatching its own internal 9-1-1 calls.* Non-business entities that qualify for this exemption must comply with Subparts C, D, and E of this Part.

A) A non-business entity seeking to obtain an exemption under this subsection (b)(3) must file with the Commission a petition pursuant to 83 Ill. Adm. Code 200 requesting such exemption. Such petition shall contain a showing that the non-business entity seeking exemption is in compliance with Subparts C, D, and E of this Part, and shall further make a showing that the non-business entity seeking exemption

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provides emergency medical response equal in quality to that provided by the public safety agency with jurisdiction over the physical location of the building for which exemption is sought.

B) The Commission Staff shall review all such petitions for exemption and shall make a recommendation to the Commission that the Commission grant the exemption, grant the exemption with such conditions as are reasonably necessary to insure the public safety, or deny the exemption. The Commission shall, after notice and hearing, grant the exemption with such conditions as are reasonably necessary to insure the public safety, or deny the exemption.

4) *Buildings in communities that are not serviced by Enhanced 9-1-1 service are exempt.* [50 ILCS 750/15.6(b)]

SUBPART C: AUTHORIZATION TO OPERATE

Section 727.300 Order of Authority/Application Process
EMERGENCY

a) Any non-business entity that qualifies for exemption under Section 727.205(c)(3) to operate a 9-1-1 answering point within its own facility must comply with Subparts C, D and E of this Part. In addition, the non-business entity shall file a petition for an order of authority to operate a Private Emergency Answering Point (PEAP), as described in its final plan pursuant to Section 727.305. The final plan shall be attached to the petition and filed with the Commission in accordance with the Commission's Rules of Practice, 83 Ill. Adm. Code 200.

b) The original and three copies of a cover letter to the Chief Clerk, the petition, the verified statement, and the final plan must be filed with the Chief Clerk. In addition, a copy of all items must be submitted simultaneously to the 9-1-1 Program Director of the Commission.

c) The petitioner must also notify the appropriate 9-1-1 system of its plans to answer its internal 9-1-1 calls. In addition, a copy of the petitioner's application must be provided to 9-1-1 system management.

d) The Commission shall have the authority to audit 9-1-1 systems to verify compliance with the Act and this Part.

e) Modification to an approved application or system should be submitted to the Commission in writing no later than 10 days after the change.

Section 727.305 Tentative/Final Plans
EMERGENCY

a) Each non-business entity shall submit a tentative plan (draft) with Commission Staff for review, prior to filing its final plan with the Chief Clerk. Staff has 90 days to review and provide written comments

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back to the applicant.

b) Tentative and final plans shall consist of a narrative which provides an explanation of the proposed system's operation and a completed application to Illinois Commerce Commission for the provision of 9-1-1 service, consisting of the following exhibits:

1) Exhibit 1: A thorough explanation regarding the make-up of the facility's security, fire and medical departments. Explain what these emergency responders' responsibilities are and how they are better able to respond to an incident internally than an outside agency. In addition, this exhibit shall indicate how each emergency responder will be dispatched within the facility.

2) Exhibit 2: Call handling agreements with the internal emergency responders, including, but not limited to, the internal security services, internal fire services, and internal medical services. These agreements shall include a commitment from the parties that appropriate actions shall be taken in response to emergency calls and subsequent dispatches and that top priority shall be given to such emergency calls by the parties.

3) Exhibit 3: Call handling agreements with the existing Enhanced 9-1-1 system for additional back-up police, fire and medical assistance pursuant to Section 727.510(c).

4) Exhibit 4: Back-up PEAP agreement pursuant to Section 727.400(d).

5) Exhibit 5: Standard Operating Procedures and Disaster Procedures specified in Section 727.505.

6) Exhibit 6: Network Diagram - a chart showing the trunking configuration from the applicant's switch to the back-up PEAP pursuant to Section 727.400.

SUBPART D: ENGINEERING

Section 727.400 Private Emergency Answering Point
EMERGENCY

A non-business entity that has been certified by the Commission to operate a PEAP and to handle its internal emergency calls must meet the following minimum standards:

a) The non-business entity applying to be a PEAP may have as its primary emergency telephone number a dialing code other than 9-1-1. At such time that its current telephone switching system is replaced, the non-business entity shall program its system to respond to 9-1-1 in addition to its current dialing code.

b) The PEAP shall be operational 24 hours a day, 7 days a week, except in cases where the entity is closed or shut down and no employees are or could be present in any part of the facility.

c) Each PEAP shall have an operational TT if the business employs hearing or speech impaired persons or if there is a public area in the building where the public has access to a telephone to dial 9-1-1 or other emergency code.

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d) There must be at least one backup location remote from the primary answering point that will be promptly staffed by trained personnel should the primary location experience equipment failure or become unstaffed due to fire or other emergency. Instead of an on-site remote backup location, a written agreement may be established with the existing 9-1-1 system to be the remote backup/overflow answering point. The phone switch must be configured to automatically transfer calls to the remote answering point if a call to the primary answering point goes unanswered or if the primary answering point has to be evacuated.
e) Personnel answering the emergency phone must be trained on how to respond to emergency callers and how to summon appropriate inside and outside assistance for an emergency situation. Eight hours minimum training is required based on competency and experience.
f) The PEAP shall be equipped with an emergency back-up power source capable of supplying electrical power to serve the basic power requirements of the PEAP for a minimum of 4 hours.
g) Critical areas of the PEAP must have adequate physical security to prevent the intentional disruption of service. In the absence of a high level of security, either of the following options may be substituted to ensure the answering and dispatch of the emergency call:
   1) A secondary back-up location remotely located from the primary answering point which is staffed 24 hours a day with trained personnel; or
   2) An alternative method of communication available which will transmit an emergency request and result in the dispatch of emergency services.
h) Access to phone switch equipment will be restricted to those who have need to service the equipment.
i) No emergency calls shall be placed on hold.
j) 90% of all emergency calls must be answered within 10 seconds.
k) Emergency calls shall be identified by the telecommunications equipment in such a manner that indicates that the call is an emergency so the operator can give priority to the call. Where possible, the telephone switching systems shall provide top priority to all emergency calls if a blocking condition occurs in the phone system.

SUBPART E: OPERATIONS

Section 727.500 System Review and Reporting
EMERGENCY

Each non-business entity certified by the Commission to handle its internal 9-1-1 calls shall provide an annual update to the ICC 9-1-1 Emergency Telephone Section by January 1 of each year. The non-business entity shall provide the following information:

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a) The non-business entity's name and street address;
b) The name and telephone number of a contact person;
c) The recertification of all agreements.

Section 727.505 Written Operating Procedures
EMERGENCY

Each certified non-business entity shall develop and utilize written "Standard Operating Procedures" and "Disaster Procedures" for its 9-1-1 operations and for the use by its personnell who will be handling the 9-1-1 calls. Copies of these procedures must also be included in the application when petitioning the Commission for approval.

Section 727.510 Call Handling Procedures
EMERGENCY

a) Each non-business entity shall enter into call handling agreements with its internal emergency responders for police, fire and medical assistance. Thus, the agreements must specify the method of dispatch that will be used in contacting these responders.
b) Each non-business entity shall enter into call handling agreements with the 9-1-1 system for fire, police and medical assistance in case additional assistance is needed beyond what the facility itself can provide. Thus, there must also be a method available for the non-business entity to request additional assistance from the existing 9-1-1 system to provide back-up services in the event that an incident occurs which would require additional emergency resources.
c) Each non-business entity shall specify in the application to the Commission how calls will be dispatched to emergency responders within its facility. In addition, the non-business entity shall provide details concerning how additional public safety agencies or other providers of emergency services outside of the non-business entity will be dispatched in the event that additional assistance is needed. In addition, copies of these agreements must be included with the application to the Commission.
d) Each non-business entity may choose from the following methods of dispatch:
   1) Direct Dispatch;
   2) Call Relay;
   3) Call Referral; or
   4) Call Transfer.
e) Each non-business entity shall ensure that the disposition of each 9-1-1 emergency call is handled according to the agreements it has entered into with its emergency responding agencies within its facility.
f) Each non-business entity shall ensure that the disposition of each 9-1-1 emergency call is handled according to the agreements it has entered into with the 9-1-1 system or other public safety agencies.

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NOTICE OF MODIFICATION TO MEET THE OBJECTION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

1) Heading of the Part: Requirements for Businesses with Private Business Switch Service to Comply with the Emergency Telephone System Act

2) Code Citation: 83 Ill. Adm. Code 726

3)

Section Numbers:	Action:
726.100	Modification
726.105	Modification
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726.205	Modification
726.300	Modification
726.305	Modification
726.400	Modification
726.500	Modification
726.505	Modification
726.510	Modification

4) Date Notice of Proposed Rules Published in the Register (if applicable): 24 Ill. Reg. 1, January 3, 2000

5) Date JCAR Statement of Objection Published in the Register: 24 Ill. Reg. 6741, April 28, 2000. JCAR also prohibited the filing of this rulemaking, but the prohibition was withdrawn at the 6/13/00 JCAR meeting.

6) Summary of Action Taken by the Agency: The Joint Committee objection was twofold, stating that the rulemaking (1) exceeds the Commission's rulemaking authority under Section 15.6 of the Act by extending the application of the Act to schools, governmental units, and not for profit organizations and (2) creates an undue economic and regulatory burden on business entities by holding those entities to all of 13 separate requirements to qualify to operate a Private Emergency Answering Point, rather than applying only those standards most relevant to the size and type of entity and/or facility seeking the PEAP and the minimum standards necessary to ensure the safety or the persons involved.

In response to the objection, the Commission has modified the proposed rules. The Commission has made the proposed rules applicable only to businesses, with "business" being defined in the rules. In addition, the Commission has modified the standards that must be met by any business seeking to operate a Private Emergency Answering Point. The Commission has made these standards less restrictive.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

WITHDRAWAL OF FILING PROHIBITION OF PROPOSED RULEMAKING

ILLINOIS COMMERCE COMMISSION

Heading of the Part: Requirements for Businesses with Private Businesses with Private Business Switch Service to Comply with the Emergency Telephone System Act

Code Citation: 83 Ill Adm Code 726

Section Numbers: 726.100 726.105 726.200 726.300 726.305
726.400 726.500 726.505 726.510

Date Originally Published in Illinois Register: 1/3/00
24 Ill Reg 1

Date Filing Prohibition Published in Illinois Register: 4/28/00

Date Filing Prohibition Became Effective: 4/11/00

Date Filing Prohibition Withdrawn: 6/13/00

The Joint Committee on Administrative Rules hereby Certifies that, pursuant to Section 5-115 of the Illinois Administrative Procedure Act and 1 Ill Adm Code 220.1000(c)(6), the Joint Committee, at its meeting on 6/13/00, has withdrawn the prohibition against the filing of the Illinois Commerce Commission's rulemaking titled Requirements for Businesses with Private Business Switch Service to Comply with the Emergency Telephone System Act (83 Ill Adm Code 726). The Committee originally issued this prohibition at its 4/11/00 meeting.

Please take notice that the agency is no longer prohibited from filing the rulemaking, as modified in accordance with agreements between the agency and the Joint Committee on Administrative Rules, with the Secretary of State and from enforcing or invoking the rulemaking.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

OBJECTION TO AND SUSPENSION OF EMERGENCY RULES

ILLINOIS COMMERCE COMMISSION

Heading of the Part: Requirements for Non-Business Entities with Private Business Switch Service to Comply with the Emergency Telephone System Act

Code Citation: 83 Ill Adm Code 727

Section Numbers: 727.100 727.105 727.200 727.205 727.300
727.305 727.400 727.500 727.505 727.510

Date Related Proposed Rulemaking Published in Illinois Register: 24 Ill Reg 8454
6/23/00

Date Published in the Illinois Register: 24 Ill Reg 8635
6/23/00

At its meeting on June 13, 2000, the Joint Committee on Administrative Rules voted to object to and suspend the above referenced emergency rulemaking, and to notify the Secretary of State of the Objection to and Suspension of the emergency rulemaking. The Committee found that the continued enforcement of this rulemaking would constitute a serious threat to the public interest and welfare and was also contrary to legislative intent. The reason for the Objection and Suspension is as follows:

The Commission has exceeded its statutory authority under Section 15.6 of the Act by extending the application of the Act to schools, local governments and not-for-profit organizations through the emergency telephone system regulations contained in these emergency rules.

The suspended emergency rules may not be enforced by the Illinois Commerce Commission for any reason, nor may the Department file with the Secretary of State any rule having substantially the same purpose and effect as these suspended rules, for at least 180 days following receipt of this certification and statement by the Secretary of State.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish information concerning interest rate information in the *Illinois Register*:

   Name of Act: Uniform Penalty and Interest Act
   Citation: 35 ILCS 735/3-1

2. Summary of information:

   Section 3-2(a) of the Uniform Penalty and Interest Act provides that interest paid by the Department of Revenue and interest charged to taxpayers by the Department shall be paid at the annual rate determined by the Department. That rate is the underpayment rate established under Section 6621 of the Internal Revenue Code.

   Section 3-2(b) of the UPIA states that the interest rate shall be adjusted on a semiannual basis, on January 1 and July 1, based upon the underpayment rate going into effect on that January 1 or July 1 under Section 6621 of the Internal Revenue Code.

   Recently, in Revenue Ruling 2000-30 the Internal Revenue Service announced that the underpayment rate will be 9% for the quarter beginning July 1, 2000. Therefore, the interest rate paid by the Illinois Department of Revenue and the interest rate charged to taxpayers by the Illinois Department of Revenue will be 9% from July 1, 2000 through December 31, 2000.

3. Name and address of person to contact concerning this information:

   Paul Caselton
   Deputy General Counsel (Income Tax)
   Legal Services Office
   Illinois Department of Revenue
   101 W. Jefferson
   Springfield, Illinois 62794
   Phone: (217) 782-7055

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

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The following second notices were received by the Joint Committee on Administrative Rules during the period of June 6, 2000 through June 12, 2000 and have been scheduled for review by the Committee at its July 18, 2000 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
7/21/00	Department of Public Health, Illinois Vital Records Code (77 Ill Adm Code 500)	3/10/00 24 Ill Reg 3728	7/18/00
7/21/00	Illinois State Toll Highway Authority, State Toll Highway Rules (92 Ill Adm Code 2520)	3/17/00 24 Ill Reg 4178	7/18/00
7/22/00	Illinois Commerce Commission, Standards of Service for Local Exchange Telecommuni- cations Carriers (83 Ill Adm Code 730)	2/25/00 24 Ill Reg 2884	7/18/00
7/23/00	Department of Human Services, Developmental Disabilities Services (89 Ill Adm Code 144)	4/14/00 24 Ill Reg 6244	7/18/00

PROCLAMATIONS

2000-286
DISASTER AREAS- COOK AND LAKE COUNTIES

A system of severe thunderstorms accompanied by high winds and heavy rains moved across northern Illinois on May 18, 2000, inflicting extensive damage in northern Cook and southern Lake counties. This weather system has caused a disruption of public services due to a large number of downed trees and power lines.

In the interest of responding to the threat imposed to public health and safety as a result of a storm system, I hereby declare that a disaster exists within the State of Illinois, and specifically identify Cook and Lake counties as a disaster area, pursuant to the provisions of Section 3305/7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7.

This gubernatorial declaration of disaster will aid the Illinois Emergency Management Agency in coordinating the State effort to assist local governments in disaster response and recovery operations. This declaration will provide for the assessment of damages which may render an opportunity to request supplemental Federal assistance.

Issued by the Governor May 25, 2000.

Filed by the Secretary of State May 25, 2000.

2000-287
DISASTER AREAS- MORGAN, GREENE AND SCOTT COUNTIES

A system of severe thunderstorms accompanied by high winds and heavy rains moved across central Illinois on May 26, 2000, inflicting extensive damage in and near the communities of Murrayville in Morgan County, White Hall in Greene County and Glasgow in Scott County. This weather system has caused a disruption of public services due to a large number of downed trees and power lines.

In the interest of responding to the threat imposed to public health and safety as a result of the storm system, I hereby declare that a disaster exists within the State of Illinois, and specifically identify Morgan, Greene and Scott counties as a disaster area, pursuant to the provisions of Section 3305/7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7.

This gubernatorial declaration of disaster will aid the Illinois Emergency Management Agency in coordinating the State effort to assist local governments in disaster response and recovery operations. This declaration will provide for the assessment of damages which may render an opportunity to request supplemental Federal assistance.

Issued by the Governor May 30, 2000.

Filed by the Secretary of State May 30, 2000.

2000-288
TEN OUTSTANDING YOUNG PEOPLE OF ILLINOIS DAY

WHEREAS, this marks the 35th year that the Illinois Jaycees once again is proud to honor the Ten Outstanding Young People of Illinois; and

WHEREAS, the Illinois Jaycees is a volunteer service organization for individuals between the ages of 21 and 39; and

WHEREAS, the Illinois Jaycees is recognized at every level of government

and business as an organization which develops new community leaders through constructive action; and

WHEREAS, the Illinois Jaycees is the fastest growing young people's organization in the world and a stimulus to community spirit; and

WHEREAS, the Illinois Jaycees annually recognizes the outstanding young citizens throughout the great State of Illinois for their service to humanity; and

WHEREAS, this year, the Illinois Jaycees is proud to recognize Randy Lee Alderman, Erica Kay Baird, Dr. Steven W. Blevins, Edwin R. Bowen, Rick C. Brandt, Michael J. Cassady, Scott Eisenhauser, Jack D. Franks, Lynette Michelle Gage and Walter Polovchak; and

WHEREAS, this year's program will be held on May 20, 2000, at the Springfield Hilton Hotel;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim May 20, 2000, as TEN OUTSTANDING YOUNG PEOPLE OF ILLINOIS DAY in Illinois.

Issued by the Governor May 19, 2000.

Filed by the Secretary of State June 6, 2000.

2000-289
GOVERNOR DON SUNDQUIST DAY

WHEREAS, the State of Illinois is proud to honor Don Sundquist, Governor of the Great State of Tennessee; and

WHEREAS, Don Sundquist was born March 15, 1936, in Moline, Illinois; and

WHEREAS, Don Sundquist graduated in 1953 as "Moline Maroon" from Moline Senior High School; and

WHEREAS, after graduating from Augustana College, he served two years in the U.S. Navy; and

WHEREAS, Governor Sundquist's political experience includes: National Federation of Young Republicans chairman 1971-1973; Shelby County Republican chairman, 1976-1978; first elected to U.S. Congress in 1982; member, Ways and Means Committee, Subcommittee on Trade, Subcommittee on Select Revenue Measures; vice chairman, Congressional Technology Assessment Board; past chairman, House Republican Task Force on Trade; former member, House Republican Task Force on Ethics Reform; and

WHEREAS, he has received honorary doctorates from Lincoln Memorial University, Union University and Newberry College and is a member of the Lutheran church; and

WHEREAS, Don Sundquist married Martha Swanson and they have three children, Tania, Andrea, and Donald Jr.; and

WHEREAS, Governor Don Sundquist was inaugurated as Tennessee's 47th governor in January 1995. He was elected to a second term in 1998 with a record 69 percent of the vote. Since being in office, he has initiated unprecedented reforms in the areas of welfare, crime and government, while placing a special emphasis on Tennessee children;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim May 26, 2000, as GOVERNOR DON SUNDQUIST DAY in Illinois.

Issued by the Governor May 22, 2000.

Filed by the Secretary of State June 6, 2000.

2000-290
BARNEY BIRGER DAY

WHEREAS, Bernard B. "Barney" Birger was a respected and renowned businessman in southwestern Illinois; and

WHEREAS, Bernard B. Birger was first appointed to the Capital Development Board in 1983; and

WHEREAS, Mr. Birger's service on the Capital Development Board spanned the terms of three Governors - James R. Thompson, Jim Edgar, and George H. Ryan; and

WHEREAS, Bernard for 17 years offered his experience and expertise to the citizens of Illinois through his service on the Capital Development Board, including recent terms as the Board's vice chairman and secretary; and

WHEREAS, Mr. Birger also served as a member of the Illinois Coalition, following his appointment by then Governor James Thompson in 1989; and

WHEREAS, Bernard B. Birger was a devoted supporter of Southern Illinois University at Edwardsville, serving on the University's Board of Trustees, donating his Collinsville home to the University foundation and raising funds for a building on the University's campus that will bear his name; and

WHEREAS, Bernard B. Birger passed away on March 10, 2000;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 13, 2000, as BARNEY BIRGER DAY in Illinois in recognition and memory of his years of service to the citizens of the State of Illinois.

Issued by the Governor May 25, 2000.

Filed by the Secretary of State June 6, 2000.

2000-291
INTERNATIONAL MUSIC FESTIVAL DAY

WHEREAS, the International Music Festival was created to celebrate the ethnic and cultural diversity of Rockford, a community of many cultures, races religions and nationalities; and

WHEREAS, 2000 marks the 10th Annual International Music Festival, sponsored by Ethnic Heritage Museum in Rockford; and

WHEREAS, Menroy Mills is the Curator and Founder of the Ethnic Heritage Museum in Rockford and Shirley Fedeli is Chairman of the Board; and

WHEREAS, the Ethnic Heritage Museum in Rockford displays exhibits including Hispanic, African, European, Middle East and Asian; and

WHEREAS, there will be a rich variety of ethnic entertainment including puppet shows, crafts and games; and

WHEREAS, each of the Ethnic Heritage Museum groups will honor a Father of the Year; and

WHEREAS, the International Music Festival strengthens relationships within the community by fostering communication between social, civic, and educational groups;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 4, 2000, as INTERNATIONAL MUSIC FESTIVAL DAY in Illinois.

Issued by the Governor May 25, 2000.

Filed by the Secretary of State June 6, 2000.

2000-292
YORK COMMUNITY HIGH SCHOOL BOYS TRACK TEAM DAY

WHEREAS, the 2000 York Community High School Boy's Track Team and Coach Joe Newton have enjoyed an outstanding championship season, winning the West

Suburban Conference Title while breaking several speed records; and

WHEREAS, this win marks the 246th conference title for York in boys and girls track and cross country during York's 40 years of competition in these events; and

WHEREAS, team members John Casey, Pete Cioni, Joe Fisher, Mike Gassman, John Janulis, Adam Palumbo, Donald Sage, Neal Wilson, Tim Hobbs, Matt Kiefer, Terre Mastrino, Adam Roche, Dan Sloan, Ben Wallick, and Peter Stasiulis have demonstrated extraordinary determination and commitment in their quest to capture the state's first title for York; and

WHEREAS, these outstanding young men made State history by winning this State Track Championship Title for the first time under Coach Joe Newton's leadership and for the first time for York High School since 1934; and

WHEREAS, we recognize the hard work and dedication of coach Joe Newton and team members to continue the winning tradition at York in both cross country and track and field;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim May 27, 2000, as YORK COMMUNITY HIGH SCHOOL BOYS TRACK TEAM DAY in Illinois.

Issued by the Governor May 25, 2000.

Filed by the Secretary of State June 6, 2000.

2000-293
MR. AND MRS. PAUL WILLIAM PHILLIPS DAY

WHEREAS, Paul William Phillips, son of John and Barbara Phillips, and Misty Mae Dillow, daughter of Albert and Gwen Dillow, will be joined in marriage on July 29, 2000, at the St. Paul's Lutheran Church in Decatur, Illinois; and

WHEREAS, Paul spent his childhood in Decatur, Illinois, and Misty spent her childhood in Dalton City, Illinois, surrounded by loving family and friends; and

WHEREAS, Paul attended MacArthur High School and Misty attended Mt. Zion High School, but met in college while attending Millikin University; and

WHEREAS, both Paul and Misty are successfully pursuing careers as an orthopaedic physician and pediatric physician respectively; and

WHEREAS, both Paul and Misty are and will be positive role models and significant contributors to their communities; and

WHEREAS, Paul and Misty will be spending their honeymoon on a cruise to the West Caribbean; and

WHEREAS, Paul and Misty will be making a home in Springfield, Illinois, upon the celebration of their marriage; and

WHEREAS, Paul and Misty will live happily together in holy matrimony as long as they both shall live;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim July 29, 2000, as MR. AND MRS. PAUL WILLIAM PHILLIPS DAY in Illinois.

Issued by the Governor May 26, 2000.

Filed by the Secretary of State June 6, 2000.

2000-294
RACE UNITY WEEK

WHEREAS, racism is one of today's most vital and challenging issues; and

WHEREAS, the well-being of mankind, its peace and security are unattainable unless and until its unity is firmly established; and

WHEREAS, the unity of humankind must be nurtured through genuine love, extreme patience, true humility, consummate tact, sound initiative, mature wisdom and deliberate, persistent, and prayerful effort; and

WHEREAS, people of goodwill throughout Illinois are working tirelessly to promote the unity of humankind; and

WHEREAS, Race Unity Day was inaugurated in 1957 by the National Spiritual Assembly of Baha'is of the United States, which is based in Wilmette, Illinois; and

WHEREAS, the sacred writings of the Baha'i Faith provide hope that a unified humanity will be a precursor to world peace; and

WHEREAS, the June 4, 2000, Race Unity Day held in the State Capitol is a worthy endeavor to promote unity among all the people of Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 4-11, 2000, as RACE UNITY WEEK in Illinois.

Issued by the Governor May 30, 2000.

Filed by the Secretary of State June 6, 2000.

2000-295
MYASTHENIA GRAVIS MONTH

WHEREAS, Myasthenia Gravis, often referred to as "the disease nobody knows," is a neuro-muscular disorder that can affect anyone, regardless of age, race or sex; and

WHEREAS, originally diagnosed in the 17th century, this potentially fatal disorder currently afflicts about 240,000 Americans. Only in the last few decades has any real progress been made in diagnosing and treating this disease, largely through the efforts of the Myasthenia Gravis Foundation; and

WHEREAS, since diagnosis of Myasthenia Gravis is difficult, due to its similarities to other disorders, public awareness must be heightened. Medical professionals and physicians also need further education in its symptoms so that our citizens may be assured of proper care and treatment;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 2000 as MYASTHENIA GRAVIS MONTH in Illinois.

Issued by the Governor May 31, 2000.

Filed by the Secretary of State June 6, 2000.

Rules acted upon during the calender quarter from Issue 17 through Issue 29 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 2500 published in Issue 1 will be listed as 50-2500-1. The letter "R" designates a rule that is being repealed. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us on the Internet.

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